	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE 4	REG. NO. 3	7 2	2 4
37		CEASED NAME AUT	old	- The same	NNINGS	A	dams	20. DATE OF	DEATH MONTH	1984 1984	1 735 A
(A)	3. SE	male		4. RACE Whit	:e	S DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY) 84 YRS	1 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
2 35	70. BI	RTHPLACE (STATE OR FOI	REIGN	L. CITIZEN OF	what country?	8. MARRIEI WIDOWE	DEVER MARRIED DIVORCED	9. BALTIMOI	RE CITY OR COUN		1
PO PO	1/1	avre de Gra	ica	HOW IN SUR	Pard Mei	IG HOME C	Hospital	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING ESMAN	12b. KII INDUS	ND OF BUSINESS OR SJRY EUrniture
35	13a. S	Md.	DO	TY	13c. CITY OR TOW Cambri	N	136, INSIDE CITY LIMITS	102	DDRESS / ZIP CO	L'eau	21613
exomi	14 FA	Levin	As	bury	Adams		Julia		12abeth	n V	Willey
2 medico		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	214-07-		Thomas H.	Adams	APAS R		Ave. 21014
lease remave carban pop ial, crematian, ar remavo or other traumatic event,		Conditions, if any, gove rise to imme cause (a), stating underlying cause	which ediate	DUE TO, O	R AS A CONSEQUE	ENCE OF	OSCLE	jousd	+		
or to bur	ATION	PART 2/0) HER SIGNI	Lm	ma	ONTRIBUTING TO	- (RELATED TO THE TE	1	wy		RT Ito
18 thous	CERTIFICATION	21a. ACCIDENT WAS UNDER	RLYTING	21b. TIME C	DF INJURY		21c HOW INJURY OCC	YES TURRED (ENTER NAT	NO []	YES [USES OF DEATH? NO [
or Item	MEDICAL	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 214. INJURY OCCURRE	AI EXAMINER)	P. 21e. PLACE	.M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, I	19	211 LOCATION		CITY OR TOWN	COUNT	TY STATE
21 is marked		224.1 certify that (1) (1 saw the deceased	this hospit	1/2/1	19_	F/2	d that in (my) (our) apini	v to	12/18	19 y	, that (I) (we) lost in the couses stated
NT: If Hem		22) SKOVATURE	ih	·m	with with	10	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	226. [DATE SIGNED /
PORTAN		DON TE	ME (TYPE OF	MOI	JARRIL		HOURE .	de Dr	Tel	mis	21078

23E NAME OF CEMETERY OR CREMATORY

Dor. Mem. Park

BP DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD.

23a BURIAL, CREMATION, REMOVAL

burial

(SPECIFY)

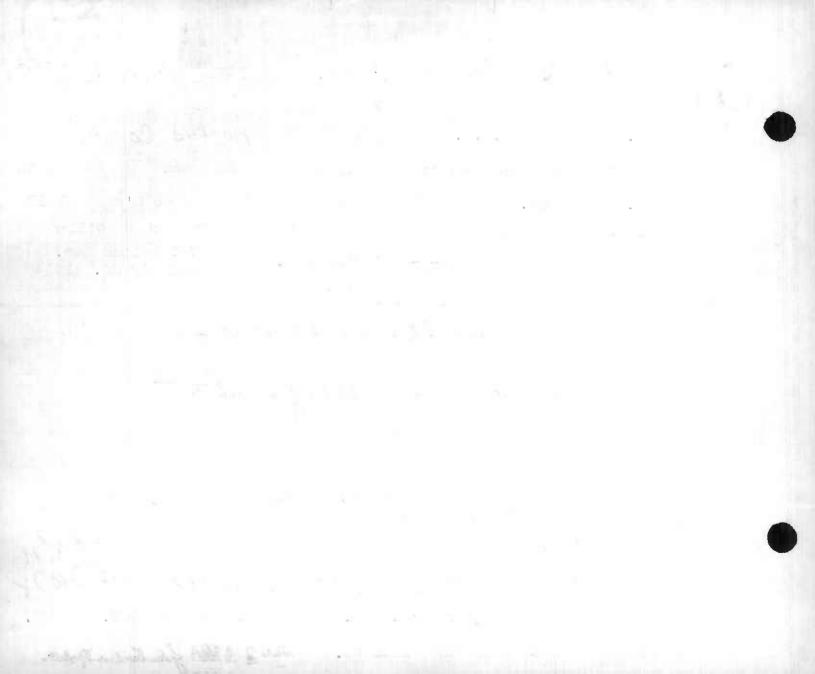
12/22/84

250. DATE REC

cambridge

Md.

Dor



1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	ENS 3 REG. N	3 / 2 5
	CEASED NAME E OR PRINT) Mah	FIRST	MIDDLE	1	NON	20 DATE OF DEATH	17, 1984 8-
3. SE	Female	4 RACE Wh	ite	5 DATE O		6. AGE (IN YEARS LAST MR	THDAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS
	IRTHPLACE (STATE OR EOF COUNTRY) Marylan	1 11	S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	County OF DEATH
10.C	AUR de L	H 11. NAMEO	F HOSPITAL, NURSING STREET		al Lospital	120 USUAL OCCUPATION OF WORK FOR WORK	
1304		G HOME OR OTHER INSTITUTION TO SOUNTY Harford	CITY, OR TOW		13d. INSIDE CITY LIMITS? YES NO [Run Rd., 2190
20 14. F	William	MIDDLE	Owers		15. MOTHER'S MAIDEN NAM Lovella	WIDDLE	Evans
	WAS DECEASED EVER IN	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	213-50-6	9999	17 INFORMANT Alice M. Mil	ler, 312Dr. J	ack Rd., Port Dep
o buriol, cremotion, or ury, or ather traumati	Conditions, if only of gove rise to imme couse (o), storing underlying couse PART 2. OTHER SIGNII	diote the DUE TO.	OR AS A CONSEQU		NOT RELATED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN IN PART 110
8 shaws any injur	190 DATE OF OPERATION	ON 196 CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
ked or Item 18 shows the shown that	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA HE EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHITE AT WORK AT WORK	USE OF DEATH LEXAMINER) D 21e PLAC	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE	19	211 LOCATION STREET	ED (ENTER NATURE OF INJU	
E Dept. of Health	220.1 certify that (I) (t	this hospital) attended alive on d) (did not) view the bo		, or	DEGREE ATTENDING	MSOICAL STA	
APORTANT:	224 PHYSICIAN'S NAM	AE (TYPE OR PRINT)	Yun	. //!	220 ADDRESS	de Gr	my my

West Nottingham Cem Colona Cecil Ma 250. DATE REC D. BY REGISTRAM 288 PEG STRAM JE C 1 8 1984 June Sain

STATE

23c NAME OF CEMETERY

Peruville,

DHMH - 16 50M 4/83 (VRA 15, 4)

236: BURIAL, CREMATION, REMOVAL (SPECIFY)

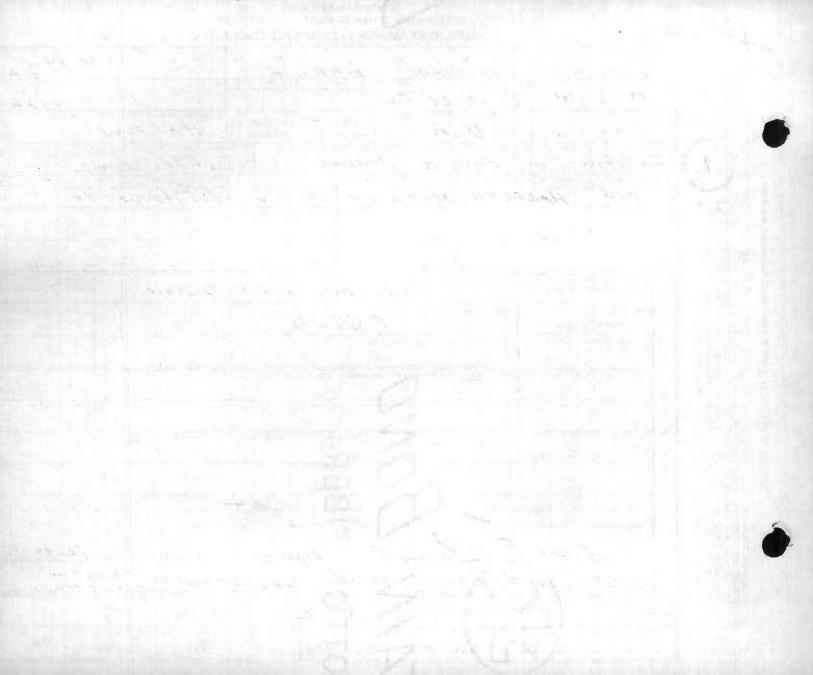
OF ATTENDING PHYSICIAN:

TO HOSPITAL

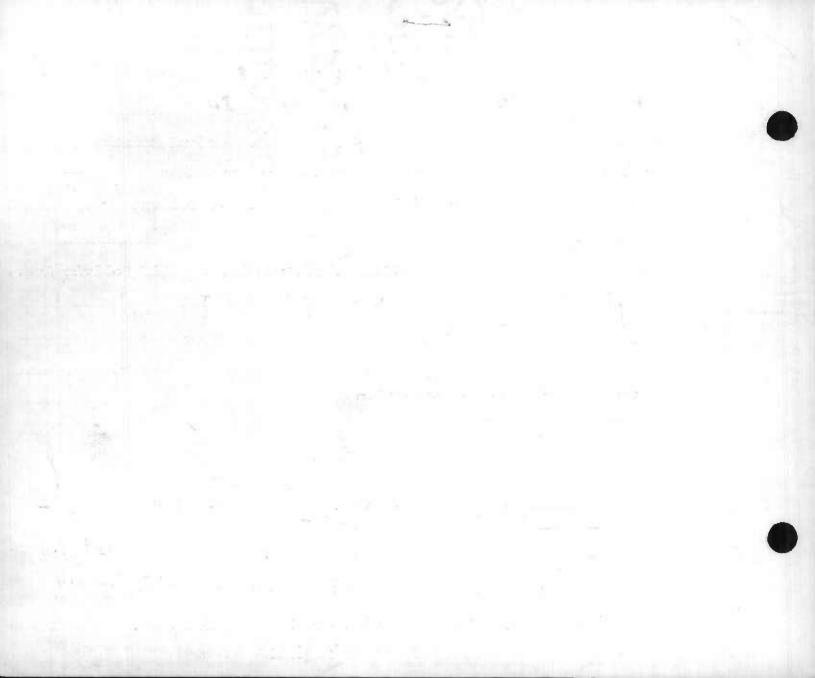
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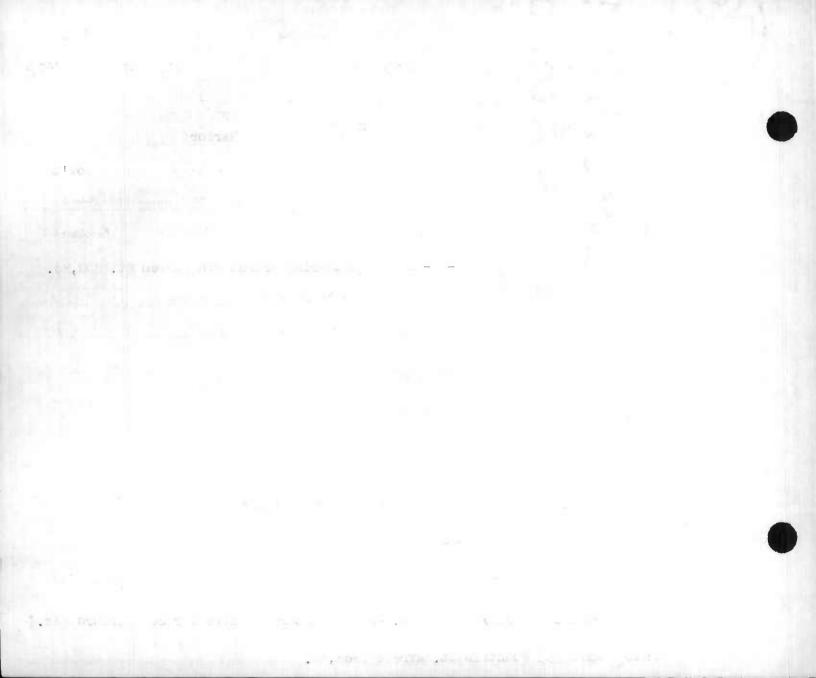
mint iec. 210-1934 iest in them (or, colones (originary lends).

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR L DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) OF ESTI-12 16 Sr 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male 28 6 DEAD Cauc. 5 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR MARRIED PREVER MARRIED Md. Ma WIDOWED | DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Coresp. Materi AL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSIONI 13. STREET_ADDR Monkton, Md. 21111als 13 COLINTY 13c. CITY OR TOWN HOUCKI RA MON KTON Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDOLE LAST Joseph Barvir Caba Anna ME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 220-20-9789 Joseph Barvir Tr. same as above 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH oronary Heart PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF SHEN D Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21£ LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinian Natural couses Accident Suicide death resulted fram: Homicide Undetermined monner ADDRESS 464 alleane ST Haure LUISE RENJEC MD 23d. LOCATION Baltimore, Md. STATE 12-20-84 Parkwood Cemetery Burial Funeral Home, Inc. 24 Schimunek 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** 9705 Belair Road, Baltimore, Md. (VR A15 ME (5)) 20M 4/82



	1 -	FOR STATE REGISTRAR	WEP	ARTMENT OF HEA	F MARYLAND LTH AND MENTAL HY ATE OF DEATH		3 /	2 7	
(D.		OR PRINT) ANNA	MIDDLE	BEH	OUNEK	2e. DATE OF DEATH	MONTH D	1/84	4 P M
us offi	3. SE	Female	CAUC	S. DATE OF E	DAY YEAR 7 99	6. AGE (IN YEARS LAST E	YRS.	ONTHS DATS	FUNDER 24 HRS
97		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED (NEVER MARRIED DIVORCED	9. BALTIMORECITY Harfor			WD
The second	10.C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, N 1 IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR (120. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION of working life)	12b. KIND OF I	SUSINESS OR
shoots be	13a. S	AL RESIDENCE (IF NURSING JONE OF STATE Maryland Balt OTHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF	Sville	I. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP CODE	Kingsv Ave,	ille, 210
19830	2	FIRST	Ludwig	51	Marie Marie	ADD	Cask	LAST Y	
medic	1		/E WAR OR DATES)			unek Son		Bellvu	e Ave
ial, cremation, or remaval or ather traumatic event, t		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON:	SEQUENCE OF	MONARY	ARREST			
any injury,	ATION	PART 2 OTHER SIGNIFICANT OF CHECK NIC CHE		EMENTIF	f	ZOG AUTOPSY?	20b IF YES,	WERE FINDING	
0	CERTIFICATION					YES NO	YES		F DEATH?
lor Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELETIFIER, NOTIFY MEDICAL EXAMINET	HOUR A.M. MONTH	1 DAY YEAR	II. LOCATION	RRED (ENTER NATURE OF IN		COUNTY	STATE
is marked or item	2	WHIE AT WORK 228.1 certify that (1) (the head saw the deceased alive on above, (1) (and (did) (did	ital) attended the deceased	from 19 114	hat in (my) (and apinion	to 12 17	194 1		ot (I) (world lost
ANT: If them 2		obove, (I) (and (did) (did) (27). SIGNATURE	Judino.	DE:	GREE	MEDICAL ST DIRECTOR PHYS		22c. DATE SI	
with the Store IMPORTANT: If		DAVID R.	PADRINDIM.			roadway,	Bel Ai	1,210	14
		Burial, CREMATION, REMOVAL	12/20/84		etery or crematory an Nat!l	Balto		COUNTY	STATE
4/83	24 F	UNERAL DIRECTOR CHIMUNEK FUNE	ERAL HOME, 9°	Bal 705 Bela	to, Md. 250 DA	ATE REC'D. BY REGISTRA	RIZSB. REGISTR	AR'S SIGNATUR	inds 88





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) ESTI-84 12 2 BUSCHER DEATH MATED -20 M STANLEY 19 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White 1.20A MALE 12. 2.1985 DEAD 21. 11 73 YRS ONE a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA. WIDOWED [DIVORCED loboken. New Jerset HARFORD COUNTY 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FALLSTON GENETLAL HOSPITAL FALLSTON Burner Ship Yard USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS HARFORD MO BELAIR YES NO [] 300 SUN FLOWERDR APT 354 AND 2 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, ITH FORM PM PAGES 1 AND 2 MIDDLE MIDDLE LAST FIRST Katzwinkle Mamie Frank Carl Buscher 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Befair, Md. 21014 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Druzella M. Buscher, 300 Sunflower Drive 153-10-7712 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: TULMONARY ACUTE ODEMA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ONE HOUR 16) MYO CARDIAL CNF ARCTION gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. (c) CORONANY ARTERY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION CIVEN IN PART 1 IS MERLITUS DIABETES 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [NO 器 210 EXTERNAL CAUSE WAS 21b. TIME OF INIURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR - /A CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 12 . 2 . 84 DEPUTY SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME G. S. Pa a 3 it PALITON GENERAL HOSP, TAL 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE Cratin & Ferris Crematory W.Chester Chester Pa. 256 REGISTBAR'S SIGNA Mandalle **DHMH - 17** (VR A15 ME (5)) Howard K. McComas III, Abingdon, Md. 21009 20M 4/82

CASSING OF BUILDING . It is a local of the second of the deoth. Page 4 may be

executed within 24 hours ofter

that the death certificate be

and completely filled in by the funeral director.

STATE OF MARYLAND

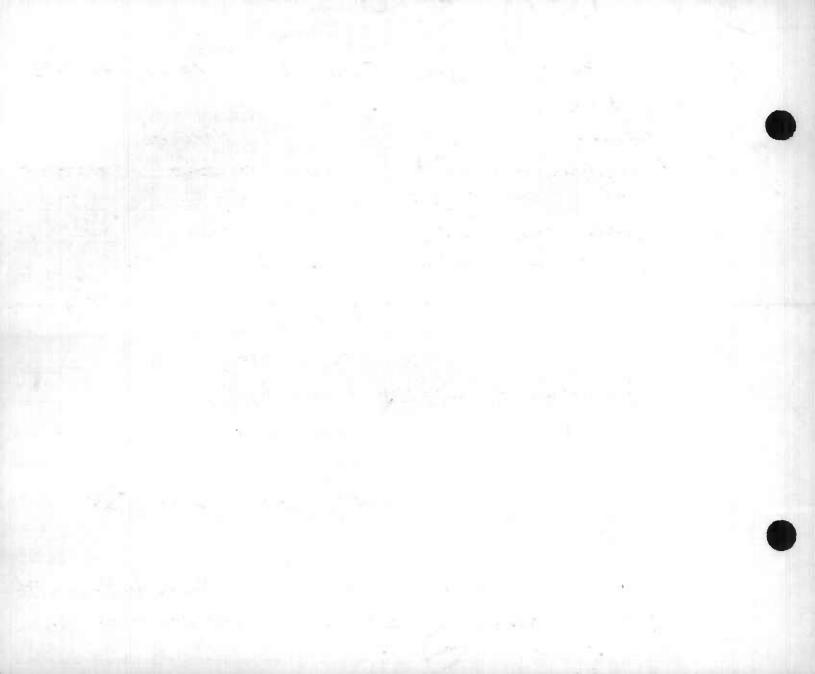
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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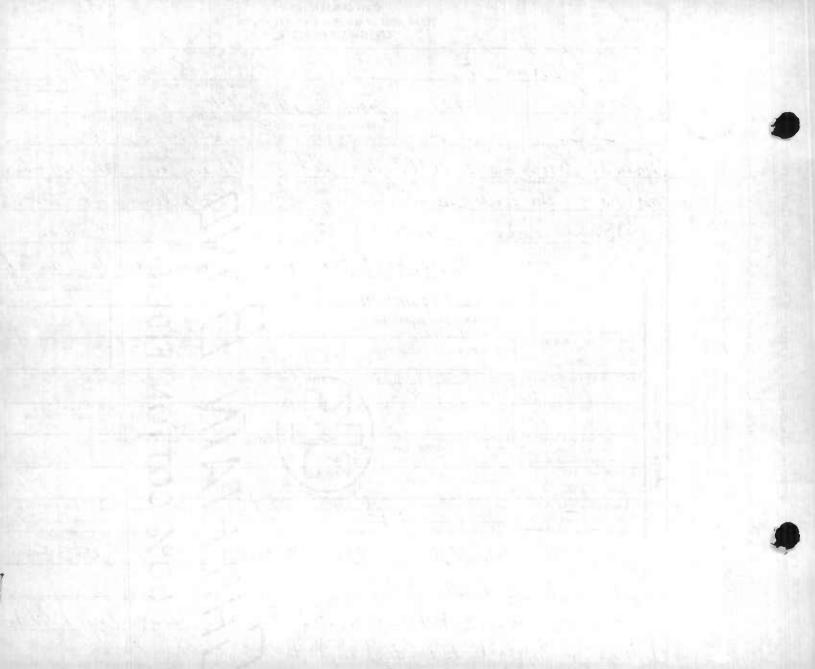
1	1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. NO	3 / 3	3 0	
		CEASED NAME PAU	1 Do	ag/AS	(DAldwell		AONTH DAY	YEAR 2	B 45 M
2	3. SEX	MAR	4. RACE	hita	S. DATE O		6. AGE (IN YEARS EAST BIRTH	YRS.	DAYS I	IF UNDER 24 HRS HOURS MIN.
	Sp	erthplace (State or Foreign ounity)	US		WIDOWE		9. BALTIMORE CITY OR	red		MD.
	H	AURE de GRAS	HART IN SUC	TRE 14	ADDRESS)	or other institution	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	NDUSTRY	BUSINESS OR Caping
	130. S Ma	2	e or other institution ounty arford	Perryman	ADMISSION) 1	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 1551 Perr		ad 21	1130
1		THER'S NAME FIRST Charlie VAS DECEASED EVER IN U.S.	Arden	Caldwel		15. MOTHER'S MAIDEN NA FIRST Lena 17. INFORMANT	Marie ADDRES	SS	Atwe:	11
/	(1		GIVE WAR OR DATES)	220-34-7		John D.Caldw				
		IB CAUSE OF DEATH LEnte PART I. DEATH WAS CAI IMMED	r anly ane cause per USED BY: DIATE CAUSE (a)	1	iai	Farlure			APPROXIMA BETWEEN ON	ATE INTERVAL MEET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	PALC NCE OF	la to and	long		v	
7	CERTIFICATION	PART 2 OTHER SIGNIFICAT MUTANTU 190 DATE OF OPERATION	he m	an te	un	NOT RELATED THE TERM OF USE OF THE TERM OF	AINAL DISEASE OR COND 100 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDING	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF THER NOTIFY MEDICAL EXAM	HOUR A.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN HEM 18 PART TO	OR PART 2)	
	MEE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOW	in (COUNTY	STATE
	Н	22a.1 certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did	on 12-1	19_6		nd that in (my) (aur) apinian	death accurred on the do		from the co	
1		228. SIGNATURE	4. MO. PE OR PRINT)	Sm		ATTENDING PHYSICIAN [MEDICAL STAF	F	22c. DATE S	IGNED
		IRVIN L.	Wachsi			Jo. 471014	AUE. HAUI	9E dE	9RD	cy Mil
		BURIAL, CREMATION, REMOVE Burial	Dec.4.19			CEMETERY OR CREMATORY Memorial Gard	23d LOCATION CITY OR TOWN ers, Bel Air	Harfo	ord .	Md.
		UNERAL DIRECTOR NAME OWARD K. McCor				250 DA	TE REC'D. BY REGISTRAR 2		SICHARO	aptable.

DHMH - 46 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR



FOR



rr of Jryetylle ellston Jones 1 desettle e e e e e e e - 0 I alib midles I of Jrrtevile, i. 7 ... article of the -vo moor Charlers 1331 Horth Mount Road 23.7-50-0462 Paltitore, 1.6. 21207 North 12/2/192 Arbitus Mondriel Park BUTCHE, PERVIONS inthe spons 500 campa 410s Fardey

NMN **GUSTINO** anell 3. SEX 4. RACE 5 DATE OF BIRTH MONTH DAY DECEMBER 18, 1903 MALE WHITE TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COHNIERY WIDOWED italy DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Havre de grace Harford monal HOSDITE à USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 0 HARFORO HAVRE de GRACE YES IX NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST ANID/OLE LAST puo CARMELLA NTCALO CIANELLI 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MRS BERNADINE SCROGGINS NO 212 16 2632A 18. CAUSE OF DEATH Enter only one couse per line for an all, and an PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which coose (a), stating underlying couse dione PART 2. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO CERTIFICATION No DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSY? DIVISION OF VITAL 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING . CAUSE OF DEATH Drig. (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 50 71d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 0 4, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sha deceased alive on, above (1) (we) (did) (did not view the body after death DIRECT 226 SIGNATURE DEGREE ATTENDING MEDICAL * PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d_PHYSICIAN'S NAME th the SPORTA

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c NAME OF CEMETERY OR CREMATORY

HARFORO MEMORIAL GAROENS

LAST

CERTIFICATE OF DEATH S

REG. NO. 2a. DATE OF DEATH MONTH YEAR 2b. HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 80 9 BALTIMORE CITY OR COUNTY OF DEATH Har ford MD. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (RET) CRAIN OPERATOR 13e STREET ADDRESS / ZIP CODE 717 ERIE STREET 21078 MIDDLE LAST MAURANA **ADDRESS** ORANGE PARK, FLA. APPROXIMATE INTERVA. BETWEEN ONSET AND DE ATEL TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I'M

> IN CERTIFYING CAUSES OF DEATH? NOK YES: I

NW. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

NO.

STATE

COUNTY

ABEROEEN, HARFORO CO., MARYLANO

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY BURIAL

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

15DECEMBER84

23b DATE

25a. DATE REC'D. BY

23d. LOCATION

CITY OR TOWN



RECORDS

DIVISION OF VITAL



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The long etained by the haspital ar attending physician.

(1 -	FOR STATE REGISTRAR		DEPART	CERTIF	ICATE OF DEATH	***	0	U V	
		CEASED NAME ORPRINT)	FIRST	John (raul	fand	REG. No.	MONTH DAY	YEAR 2b. H	OUR
)	3. SEX	MALE	4 RACE	ite	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UI		DER 24
50	C	RTHPLACE (STATE OF	FOREIGN 76 CITIZE	N OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
26		TY OR TOWN OF DE	ATH II. NAM	E OF HOSPITAL, NURSIN TIN SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON IF WORKING LIFE)	26. KIND OF BUS NDUSTRY C&P Tel	
35	13a. S	AL RESIDENCE (IF NUI STATE Yland	13b. COUNTY Harford	TUTION, GIVE RESIDENCE BÉFOR 13c. CITY OR TOW Aberdeen		134 INSIDE CITY LIMITS? YES 📆 NO 🗌	13e.STREET ADDRESS		1./21001	
2		THER'S NAME FIRST WILLIAM	MIDDLE		ford	15. MOTHER'S MAIDEN NAME FIRST Margaret	MIDDLE		Hott	
medico	{Y	VAS DECEASED EVE VES, NO OR UNKNOWN) YOS	R IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA			Beulah Crawfo	addre ord, 702 Beau		MD210 L Rd., Ab	erc
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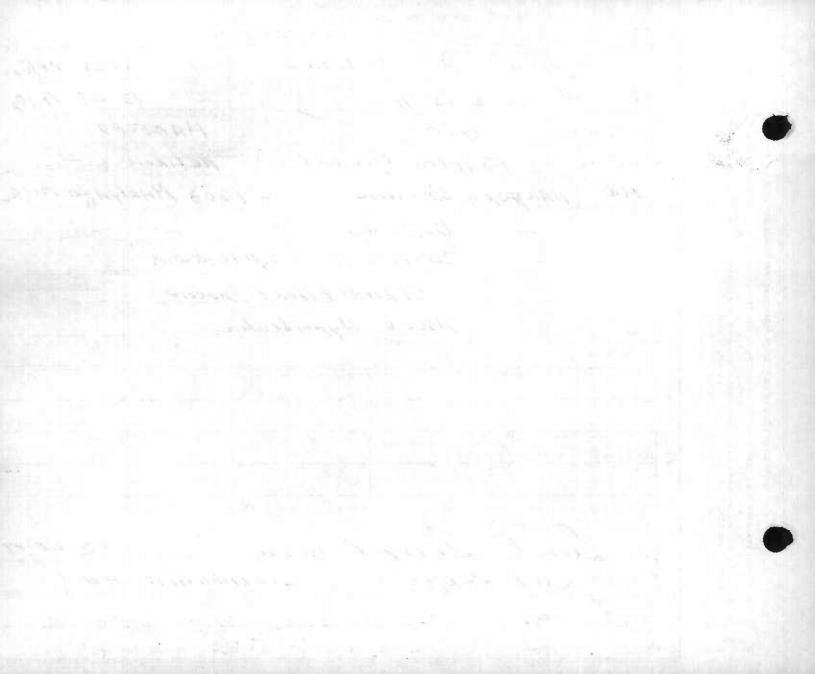
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Farring Funeral Home, P.A., Aberdeen, MD, 21001-3399

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH J REGISTRAR DECEASED NAME augustin ^Dolezal Frantisek 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-OleZAL DEATH MATED 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2€. DATE YEAR LAST BIRTHDAY PRONOUNCED 12 DEAD 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Czechoslovakia WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH SHOULD BE FILED, 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Fallston Bata Shoe Co. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER 13d. INSIDE CITY LIMITS? 8. GIVE PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF WITH R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Augustin Karolina Buchta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY BURIAL - TRANSIT Conditions, if any, which ASCUD- 4 gave rise to immediate couse (o) stoting the under-DUE TO OR AS A CONSEQUENCE lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B E, WRITING THE WC...
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PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PT
TO FUNERAL WITH THE STA N. 220. I certify that I took charge of the remains described above, held on Autapsy Inspection. Inquiry and in my opinion Undetermined manner Suicide Hamicide DATE EXAMINER'S NAME 464 allanest (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Burial BP Ignatius Cemetery Hickory 24. FUNERAL DIRECTOR **DHMH-17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5)) 15M 2/80



FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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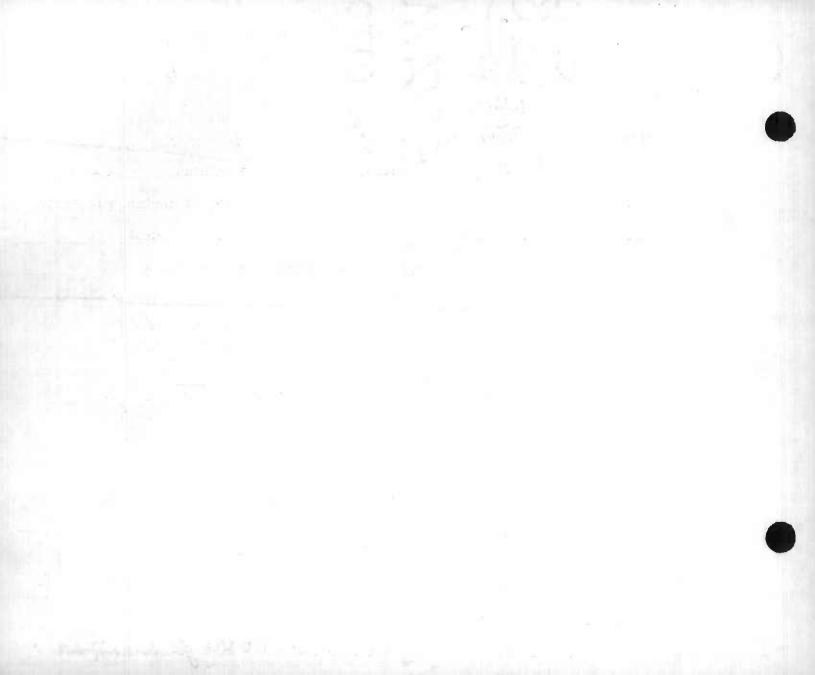
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Anatomy Board

24. FUNERAL DIRECTOR

ADDRESS Balto., Md.

Se DATE REC'D BY REGISTRAR 25E REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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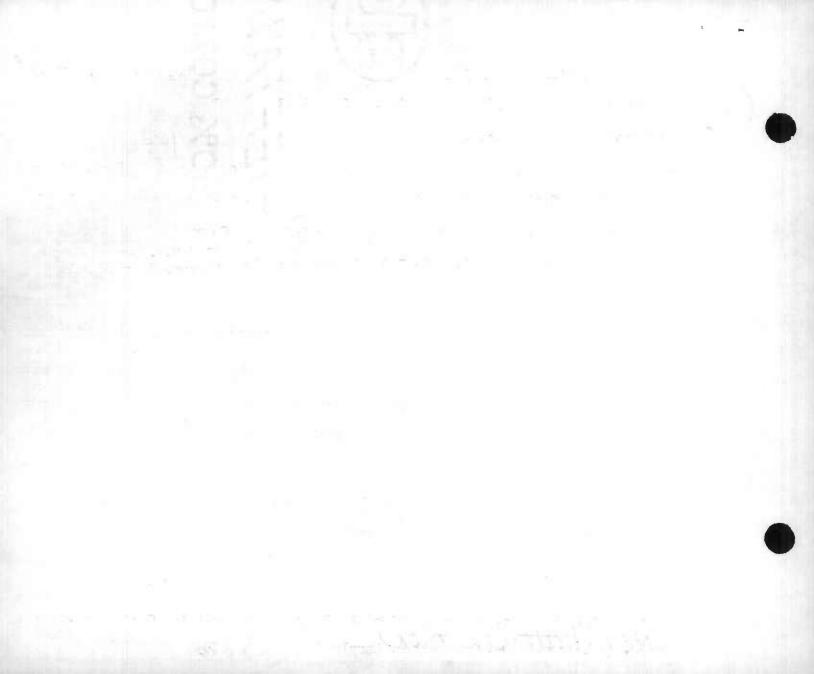
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7	Ma	ryland	U.S.	Α.	WIDOWI		ORCED		Har	ford			MD.
7	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INST	ITUTION		OCCUPATION FOR MOST OF			F BUSINESS	OR
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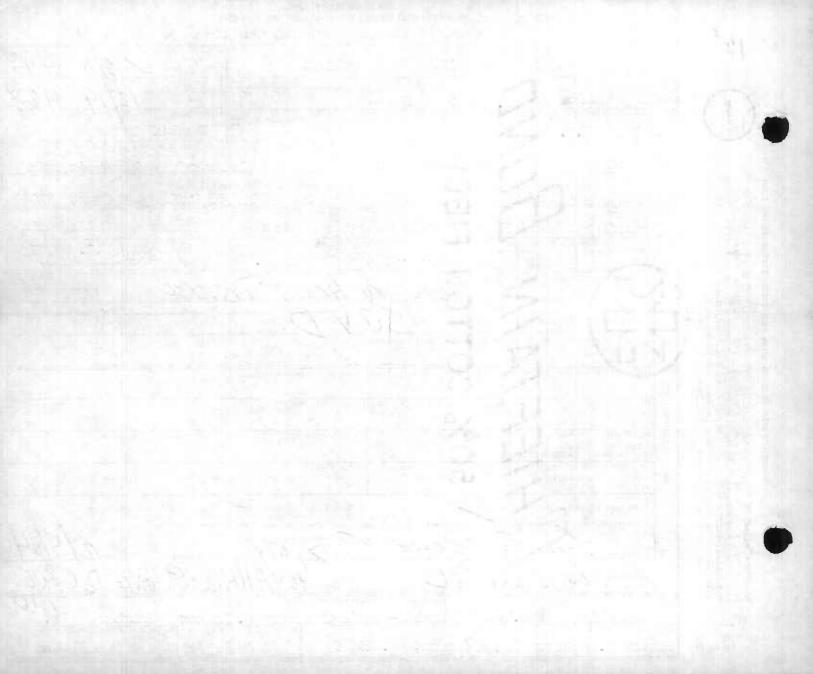
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Lee Tetterson Som Perry Ville, Maryland

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME LIYPE OR PRINTI OF ESTI-**JACK** DANTE GALTANO 4 RACE 3. SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY Male White Dec.2.1927 57 DEAD YRS 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA New York, N.Y. Harford County WIDOWED T DIVORCED IO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 532 Burlington Court Edgewood Electrical Engineer aircraft USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130. STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Edgewood Harford 532 Burlington Court Edgewood NO [F. PAGES 1 AND 2 SILVISION OF VITA 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Louise Della Porta Galiano Emma Antonio Dominic 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 14h SOCIAL SECURITY NO Aberdeen, N.J. 07747 IYES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Francis J. Galiano, 44 Courtland Lane, 005-22-5744 Yes Korea 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMI' OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [E3 SHOULD BE L 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 9 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22s I certify that I took charge of the remains described above, held on and in my apinion death resulted fram: Natural causes Undetermined monner MEDICAL EXAMINER EXAMINER'S NAM TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE Dec. 20, 1984 Cratin-Ferris Crematory W. Chester Chester Cremation 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5)) in waydon fandale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

HARFORD COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

AT HOME 13a STREFT ADDRESS / 7IP CODE

110 Idlewila #21014

SACHS

MMED

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

NO F

COUNTY

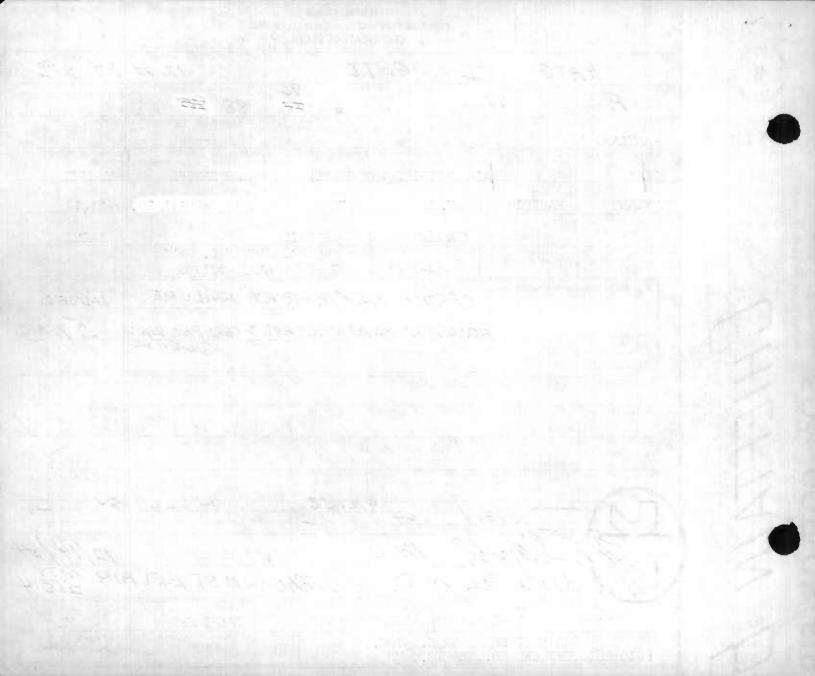
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FOR

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

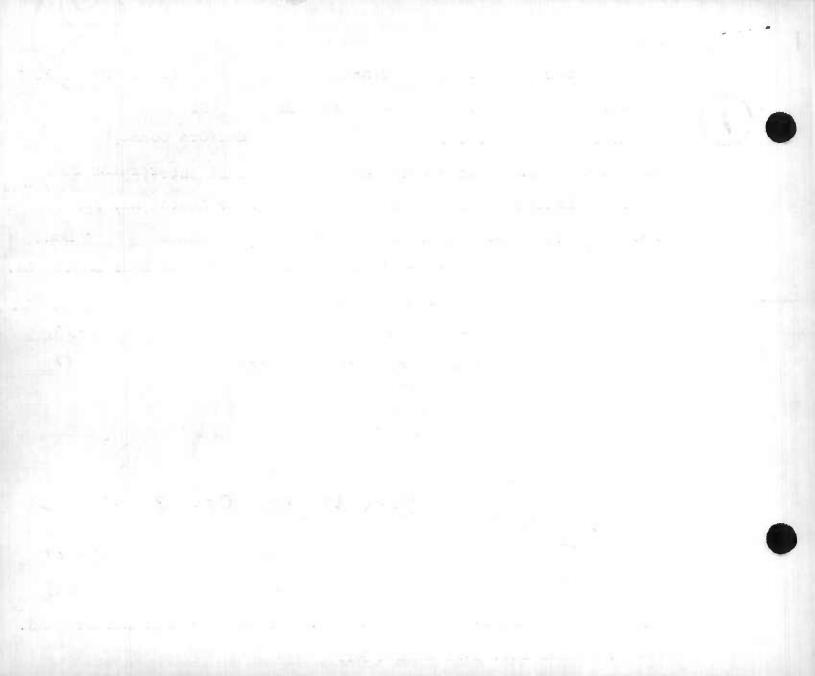
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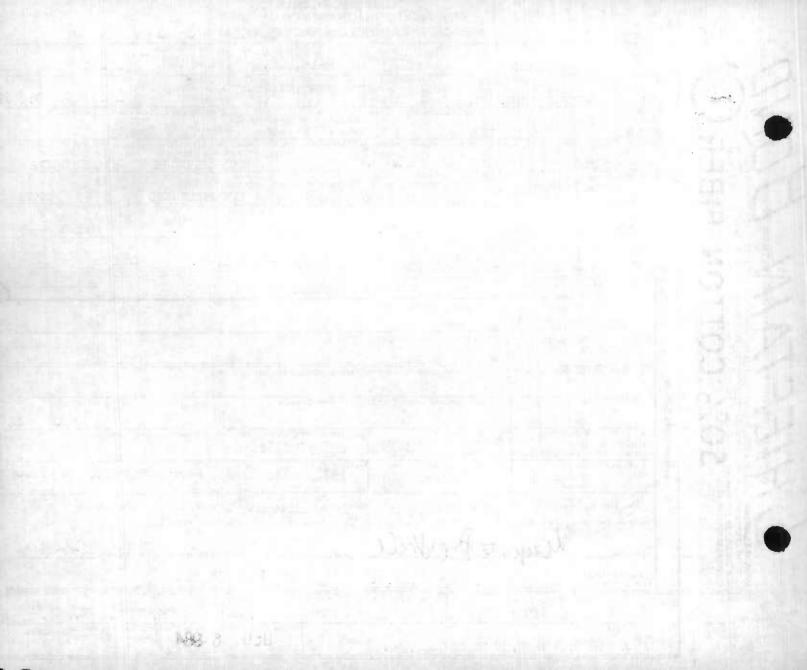
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

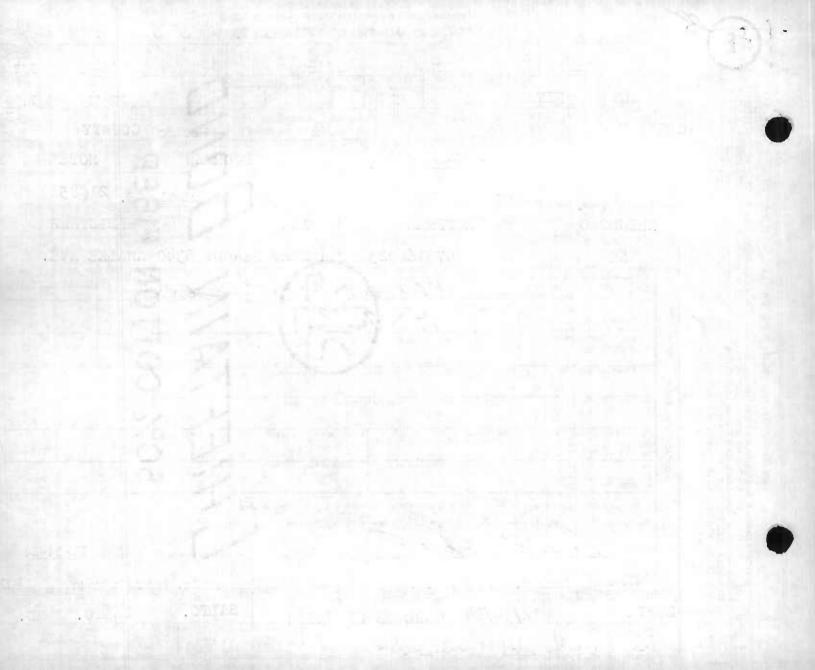
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ANT: If He		27d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/10/84
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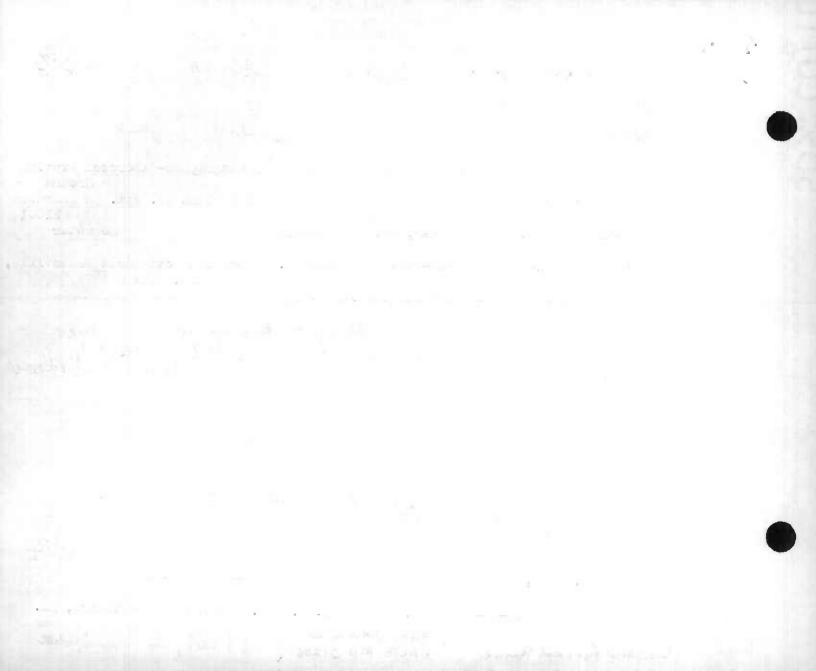
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN [] (TYPE OR PRINT) ESTI-DEATH MATED Walter **NMN** Hoffman 12-13 1884 5P? M 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 20 DATE LAST BIRTHDAY PRONOUNCED M ALE WHITE 20 99 DEAD 85 YRS 12-14 19 84 7:30 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ERMANY COUNTY USA Harford WIDOWED T DIVORCED [IO CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 508 Trimble Rd. Joppa AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Harford 508 Trimble Rd. MD Joppa NO DE H FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LETSTWER HOFFMAN TDA 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 078166023 8340 ANALEE AVE. BERNDT ALBERT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID ED AS A CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD E E DEPARTMENT OF THE C. YES NO [71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 214 INTURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STATE X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Natural causes Undetermined monner TITLE (SPECIFY) 12-14-84 Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 464 Alliance St. HavreDeGrace, MD 2107 (TYPE OR PRINT) Luis E. Reniel 23c. NAME OF CEMETERY OR CREMATORY STATE BALTO. MD. OF FAITH 07/B4 25M 24. FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 755 REGISTRAR'S SIGNATURE **DHMH - 17** Mia Devidson (VR A15 ME (5))







The Problem of the state of the

2a. DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) william Ham RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX MON VEAR WHITE OCTOBER 23, 1914 70 MALE 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) MARYLAND USA WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Havre do Orrace Memorial (RET) SUP. TOOL CRIE USUAL RESIDENCE (JURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 111 BLOOMSBURY AVE. **HARFORD** HAVRE de GRACE MD YES X NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE OI IVER JOHN **JONES** FRANCES HAMTI TON ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) MRS. MARY E. JONES SAME AS #13e 217 09 6932 NO 18 CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF FITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 27a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive onand that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) wew the bady 22h. SIGNATURE MEDICAL ld be deto the State DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22e. ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN (SPECIFY)

4DECEMBER84

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

BURIAL

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ANGEL HILL CEMETERY

CERTIFICATE OF DEATH

COUNTY STATE HAVRE de GRACE, HARFORD CO., DEC 3 1004 Davidson-Randale

REG. NO

YEAR

IF UNDER TYEAR

2b. HOUR

12h KIND OF BUSINESS OR

21078

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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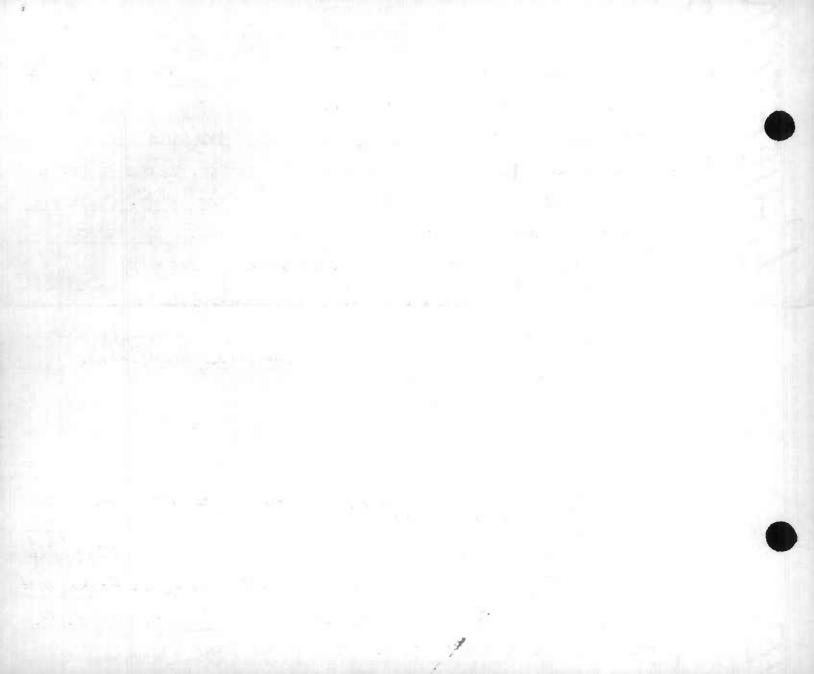
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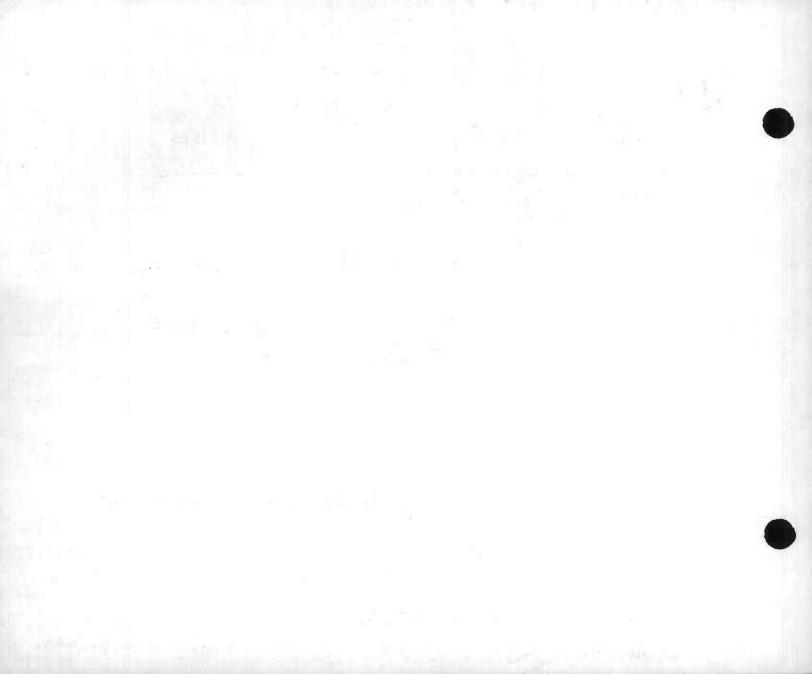
22c DATE

STATE

IF UNDER 24 HRS



		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

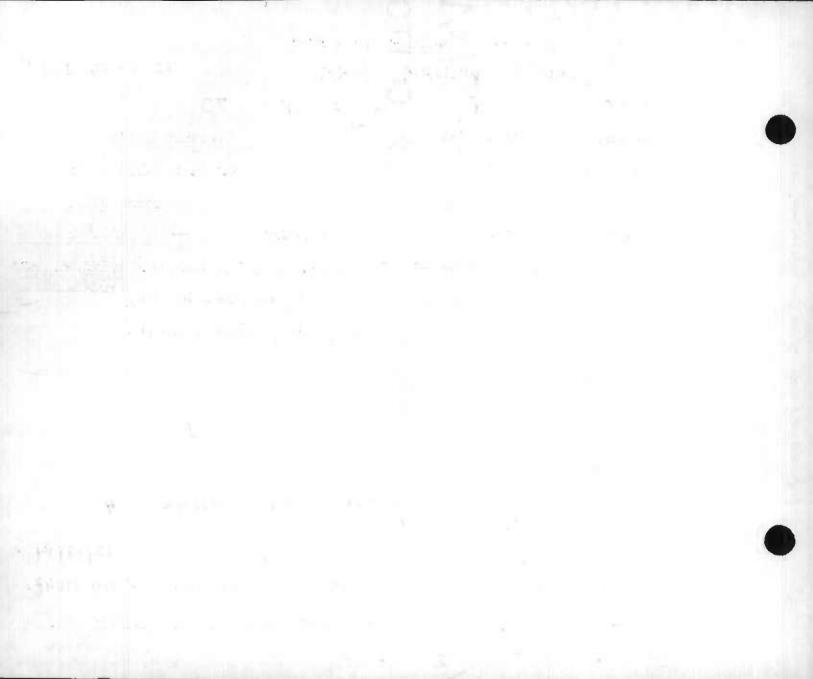
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		CEASED NAME FIRE OR PRINT)	PST	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	_		
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2		ATHER'S NAME				15 MOTHER'S MAIDEN NA		5 1641	True 9 E.T.	001			
1			Moore	Keith	ler	Marv	MIDDLE		Sin	gleton			
B		WAS DECEASED EVER IN U	S. ARMED FORCE	S? 166. SOCIAL SEC		17 INFORMANT	ADDR	ESS	DILL	STERNI			
	(,	YES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES	214-20-5	014	Douglas O. K	Abe eithley,917	rdeen. Thom	MD 210	Ol Rd.,			
		18 CAUSE OF DEATH LE	nter only one couse	per line for (0), (b), a	nd ich.		,	A 160	APPRO) BETWEEN	ONSET AND DEAT	н		
			AEDIATE CAUSE (a)	Cardi	is no	Muneuch	when						
H			DUE TO	OR AS A CONSEQU	ENCE OF	1 101			1-0%	100			
		Conditions, if any, wh		adr	rand	ed ASH	CUD,						
Н		gave rise to immedia cause (a), stating t	the DUE TO	OR AS A CONSEOU	ENCE OF								
Д		underlying cause la	(c)						- 1792				
h	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIV	VEN IN PART 1	a ·			
9	CERTIFICATION	190 DATE OF OPERATION	119b. COI	VDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h IF YE	S, WERE FINDS	NOSTIEED			
7	IFIC		77/5/-			The second of th		IN CERTI	FYING CAUSE:	S OF DEATH?			
	ERT	21g. ACCIDENT WAS UNDERLY	NG T 21b. TIM	E OF INJURY		21c HOW INJURY OCCUR	YES NO	1	ES	NO 🗌	_		
4		OR CONTRIBUTING _ CAUSE	OFDEATH		AY YEAR	THE NOW HOUSE	TENTER NATURE OF INJ	KT IN HEM 18	PART I OR PART 2)				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX		P.M. CE OF INJURY	19	211 LOCATION					_		
	ME	WHILE NOT WHILE [LAT HOME	STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE			
		22a.l certify that (I) (this	Secondary and a secondary	45 - 1	-	25			0 /		_		
		saw the deceased al	ve on // -	- 5º 10	P4-01	ed that in (my) (and) aprinion	depth accurred an the d	ate and have		that (I) (we) lo	120		
		abave, (I) (was 100) (c. 22b. SIGNATURE	did nat) view the bo	dy after death		DEGREE	a dom decorred an me d	are and nau					
1		My	Pha	wille	dea	ATTENDING	MEDICAL STA	FF CIAN [/2 DATE	- 17-	14		
	Dec.	224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS	15 FEB 24 FE		PULL	7-11-11-11			
		M.S. Shara	af El-De	ane, M.I).	P.O. Box 9	935 Edgew	ood.	MD 21	040			
		BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION	* × × ×		V 1 V	=		
		rial	Dec.	18,1984 Ha	rford	Mem. Gdns.	Aberdeen,	Harf	ord. Ma	ryland			
	24 E1	INTERAL DIRECTOR									_		

DHMH-16 50M 1/81 (VRA 15, 4)

Farring Funeral Home, P.A, Aberdeen, MD, 21001-3399

DEC 1 9 1984 Julia Davidson-Rondare

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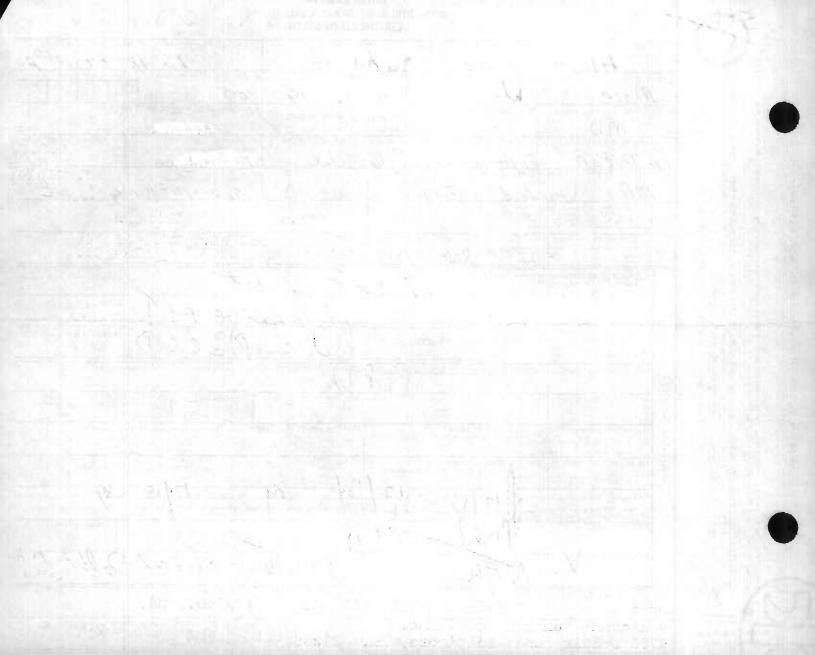
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO	0	0	
	I. DE	EASED NAME	FIRST		MODLE	1	, st	20		MONTH DAY	Y YEAR	2b. HOUR
	(TYPE	OR PRINT) ALV	in	Lero	V	Kuhn	Sr.		1	2 18	84	1110 AM.
	3. SEX		/	4. RACF		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
		Male.		White	2	MONTH 4	10 19		65	YRS.	WINS DATS	MIN.
26		RTHPLACE (STATE OF FO	OREIGN	76. CITIZEN OF		ITRY? 8	D NEVER MARRIE	0 0	BALTIMORE CITY OF	COUNTYO	FDEATH	
1		mD.		USA		WIDOWE			Harford	Cou	ntv.	MD.
1/2	10 CI	TY OR TOWN OF DEA	TH	11. NAME OF	IOSPITAL, NI	URSING HOME C	OR OTHER INSTITUTIO		IN USUAL OCCUPATION	N	12h. KIND OF	BUSINESS OR U.S.F.
de	F	Illaton		Fallster	GAN	Pre LL	spital		laintenan		114003181	G.
21	USU/ 13a. S	AL RESIDENCE (IF NURSI	NG HOME OF		GIVE RESIDENCE		1 13d. INSIDE CITY LIM		STREET ADDRESSE		, Md.	21014
	130. 3	MO	Har	Lied	1301	Air	YES NO		2027 11	16/Sini	leu Co	urt
21	14. FA	THER'S NAME	7.74.	MIDDLE	LAS	,	15. MOTHER'S MAIDE		MIDDLE TT		LAST	
10		Charles	Kuh		LAS		Pear	1	WIDDLE U	nknow	m (A)	
1		VAS DECEASED EVER		MED FORCES?	16h SOCIAL	SECURITY NO.	17. INFORMANT	Ве	al Air, ADDRE	d. 2	21014	
1	1	Yes		III	213/	0 1919	Robert	Kuhr	2027 Mc	Kinle	ey Ct.	
"		I CAUSE OF DEATH	H (Enter a	nly ane cause per	line far (a), (l	b/and col /	6/	2 .	+		APPROXIA BETWEEN O	NATE INTERVAL
		PART I. DEATH W.		ED BY: TE CAUSE (a)		Under	at 4	ene.		/		
					R AS A CONS	SEQUENCE OF	MI	2.1	- 0 1	1 1.		
		Canditions, if any,		(d)			0/16	DU	not 1	D		
		gave rise to imm cause (a), statin	g the	DUE TO, O	R AS A CONS	SEQUENCE OF	Unabr.	,	AT CC	10		
		underlying cause	last.	(c)_			16 CAM		1086	1 1		
	7	PART 2 OTHER SIGN	IFICANT	CONDITIONS CO	NTRIBUTING	G TO DEATH BU	NO RELATED TO THE	ETERMINA	AL DISEASE OR COND	ITION GIVEN	V IN PART 11a	
	TIO		Sec			0						
9	CERTIFICATION	19a. DATE OF OPERAT	ION	196. COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN ING CAUSES (
1	RTIF			2 40 700	5 to 111 151/		121. UGW INTURY C	255112255	YES NO	YES		NO 🗌
0		OR CONTRIBUTING				DAY YEAR	ZIC HOW INJURY C	CCURRED	(ENTER NATURE OF INJUR	IN ITEM 18 PAR	T 1 OR PART 2}	
1	MEDICAL	(IF EITHER, NOTIFY MEDIC				19	21f LOCATION					
/	WED	21d. INJURY OCCURR		PLACE		FFICE, FARM, ETC.)	STREET		CITY OR TOV	/N	COUNTY	STATE
		AT WORK AT WOR	2K		7	19.	16/	011	- 17	110	a	
		22a. I certify that (1) saw the decease		NI IVI	deceased t		. 17-	pinia dea	ath accurred an the da	e and haur	-/	hat (I) (we) last
		abave, (I) (we) (d	lid) (did n	of) view (he body	death.	7 /	DENREE	- 1			22c DATE S	
		I SIGNATORE		MA	21-	19.	// ATTEND	ING T	MEDICAL STAF	F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-		224. PHYSICIAN'S N	ME ITYPE	OK PRINT)		- /	PHYSIC	IAN LUC	BIRECTOR PHYSIC	AN	011	LAA
1			-	NAI	1		1716	1km	grain	Cef -	Jall.	2100
		SURIAL, CREMATION,	REMOVA	13b. DATE	_ 9./		EMETERY OR CREMA Hill Cem	TORY	BaTto.	Md	COUNTY	STATE
			There			_		So DATE D			ADIC CICALEGI	00 1 30
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DHMH - 16 50M 4/B2

25chimunek Funeral Home, Inc. 9705 Belair Road, Baltimore, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

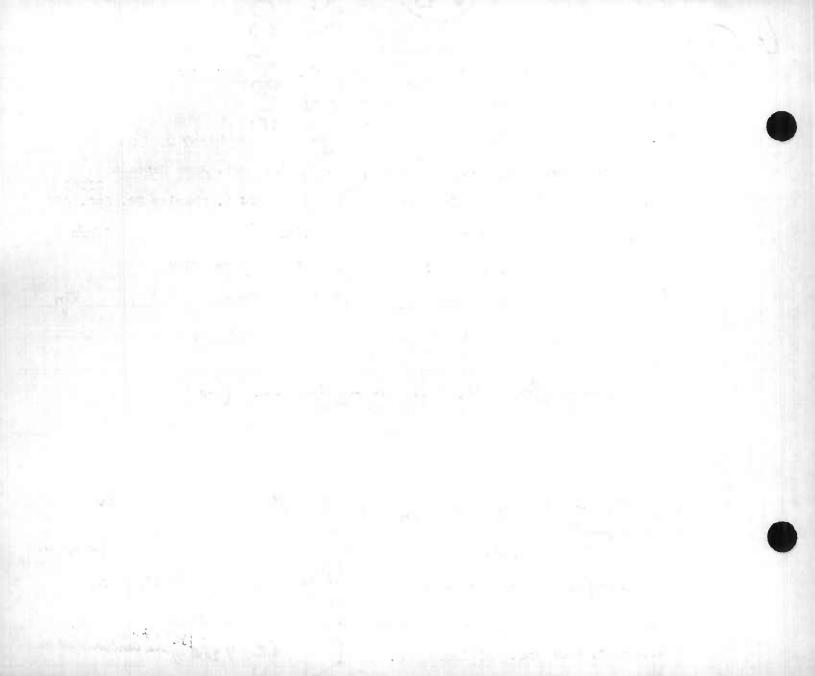
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	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 3	155
١	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1		ert C	MACE Sr.	12/24/84	M
1	3. 5EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	May 29, 1916	68 YRS	The state of the s
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
	Md.	USA	WIDOWED DIVORCED	Harford	ounty MO.
1	Laure de Grace	11. NAME OF HOSPITAL, NURSII	ng home or other institution taddress)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Ret. Army Cap	
7	Md .	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JUNTY 13t. CITY OR TOV Baltimo.	VN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COI 524 N. Charles	21201 St. Apt.1404
di di	IN FATHER'S NAME FIRST Alonza	Mace (AST	15. MOTHER'S MAIDEN NA Lillian	AME	Olfers
7			URITY NO. 17. INFORMANT 2810 Mrs. Rosina	T. Mace SAme	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER AIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) (c) (d) (d) (d) (d) (d) (d)		/ 4 - 1	IVEN IN PART 110
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
1	OR CONTRACTOR OF O	DEATH HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM TE	3 PARI I ORPART 2)
	I ETHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED MRE NOT WHITE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive a	pitol) attended the decased from no 19 on	, and that in (my) (aur) apinion DEGREE	death accurred on the date and he	that (I) (we) last our and from the causes stated
	22d PHYSICIAN'S NAME (1YPE	EOR PHINT OF SPARSE	ATTENDING PHYSICIAN PARENTE VANC	PERRY POINT	MD.
	230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	Dec. 28,1984 L	oudon Park 250 DA	Baltimore TE REC'D. BY REGISTRAR 25b. REGI	Md . STRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINTS ESTI-**JAMES** MARINO, III DEATH MATED 12 1984 14 3 SEX 4. RACE 6 AGE (IN YEARS 23 BIRTHDAY 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 3:49 MALE WHITE 1984 DEAD 14 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARYLAND MARRIED NEVER MARRIED USA WIDOWED DIVORCED Harford County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Unemployed Fallston Fallston General Hospital AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21084 13a. STATE COUNTY 13d. INSIDE CITY LIMITS? 1614 Dulaney Dr. Balto. Md. MARYLAND BALTIMORE YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST James Marino. Jr. Josephine Elizabeth Staehlin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION (YESTNO, OR UNKNOWN) Mrs. Josephine Marino 1614 Dulanev Dr. 215-78-8539 ALONG WI 18 CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ND MENTAL HYGIENE, TION, OR REMOVAL. Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? E CHIEF BE USED IAL, 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT FOUNDEAL DIRECTOR, PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARKLAND, 21201 PRIQR TO BURI YES SE NO 🗌 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 2:48xx 12-14-19 84 Driver in pick-up truck/tractor trailer 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME collision. STREET, FACTORY, FARM, ETC 1 AT WORK AT WORK road 7 & Bulls Lane, Joppa Harford Md. 22e I certify that I taok charge of the remains described above, held an Inquiry and in my opinion deoth resulted fram: Homicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MDAssistant SIGNED_12-15-84 MEDICAL EXAMINER Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 234 LOCATION 12-18-84 Dulaney Valley M. G. Baltimore Co. Md. STATE Burial 07/B4 BP 25M 1401 Belnie Rd. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** whia Davidson-Randelle BALTO. MP. 21296 (VR A15 ME (5))

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTM	CERTIF	E OF MARYLAND BEALTH AND MENTAL HYD CICATE OF DEATH	GIENE REG. NO	3 /	5 /	
		EASED NAME FIRST OR PRINT)		MIDDLE (1	AST	20. DATE OF DEATH	MONTH DAY		HOUR
000		MARY		J.		LER		12 31	84	533
1	3. SEX		RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI		JNDÉR 24 HRS
AX		Female	Wh		May	1, 1921	63	.RS.		
9	C	OUNTRY) Jew York		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Hanfond			WE
Se Contraction of the contractio	IO CI	Y OR TOWN OF DEATH Harford	HE NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A TON GENEI	ADDRESS)	or other institution despital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemal	WORKING LIFE IN	NOWN H	
15	USUA 13a S	L RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE SEFORE 13c. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS / 620 Benni		Rd.,	21212
300	4 FA	THER'S NAME FIRST Earl	MIDDLE	Johnson		15. MOTHER'S MAIDEN NA Susie	WE	K	ell	
Codico Control		AS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
2		No	on on on the sy	072 16 8	3648	Sue Million	ie, Edge	wood, I	MD 2 APPROXIMATE BETWEEN ONSE	1040
prior to burial, crem	CERTIFICATION	PART 2. OTHER SIGNIFICAN SCOD AT 190 DATE OF OPERATION	CONDITIONS C	IBRILLA	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN		USED
3 e e	IFIC		-				YES NOT	IN CERTIFYING	CAUSES OF	
Item 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTHEY MEDICAL EXAMINATION OF THE OR OF THE ORIGINAL EXAMINATION OR THE ORIGINAL EXAMINATION ORIGINAL EXAMINATION OR OR OR OR OR O	DEATH HOUR A	.M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR				
morked	MED	WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN C	COUNTY	STATE
of Heal		220.1 certify that (I) (this has saw the deceased alive above, (I) (see (alid) (did	13 28	184 19	, 0		death occurred on the da			
defocined tate Dept		226. SIGNATURE	lodi	9_1	M.T	THISICIAL	MEDICAL STAP	F	226. DATE SIG	S4
with the State		DAVID R. PAL		D.		57 E. BROAD	WAY BEL AIR,	MD 210	14	
5 3 ≤	23a B	URIAL, CREMATION, REMOVA	AL 236. DATE	23c. N		EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN		UNIY	STATE
		Burial	1/3/			rood Cemeter	rvi Balto.	County	, Dans	MD
50M 4/83	24 FU	NERAL DIRECTOR Henr	y W. Je	enkins &		250. DA	N 2 1985	756 REGISTRATE	TO THE PARTY OF THE	

en or a service of the service of th La CTA 1- Hotel La Sigliana, Espanola, Nibel Et Did

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

	1 -	STATE REGISTRAR		DEFAR		ICATE OF DEATH	REG. NO	3/	5 8
		CEASED NAME OR PRINTI	FIRST	TANC.		Miller	December	month DAY	VEAR 26. HOUR 184 11:35 Am
۱	1. SE		1.4. RACE	В	5. DATE C		6. AGE (IN YEARS LAST BIR	rhday) # UNDER	DAYS HOURS MIN.
5		RTHPLACE (STATE OR FO	DREIGN 76 CITIZEN	OF WHAT COUNTRY	? 8 MARRIE WIDOWE	NEVER MARRIED	11. 1		ATH MD.
6	III. CI	TY OR TOWN OF DEA		OF HOSPITAL, NURS		or other institution Hospital	120. USUAL OCCUPATION OF WORK FOR MOST O		KIND OF BUSINESS OR USTRY
5	13a. 5	Md.	Cacil		WN	13d. INSIDE CITY LIMITS? YES NO -	13e STREET ADDRESS / 533 Mt. Z	oar Rd. 2	
U		Morris	N.	Bodd		15. MOTHER'S MAIDEN N FIRST Mary	Jane		IAST One s
2		VAS DECEASED EVER II YES, NO OR UNKNOWN)	N U.S. ARMED FORC (IF YES, GIVE WAR OR DA			Clarence Mi	ller same a	s above	
	NO	Conditions, if any, gave rise to imm cause (o), stating underlying cause	which ediate j the last.	O, OR AS A CONSEOL O, OR AS A CONSEOL C)	UENCE OF	Diatela NOT RELATED TO THE TER	e Failure Es Mellel	DITION GIVEN IN P	PART 110
Z	CERTIFICATION	190 DATE OF OPERAT	19b. C	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
1	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH ALL EXAMINER) ED 21e. PL (AT HO.)	ME OF INJURY R. A.M. MONTH I P.M. ACE OF INJURY ME. STREET, FACTORY, OFFICE	19	21c. HOW INJURY OCCU 21L LOCATION STREET	IRRED (ENTER NATURE OF INJUR		PART 2) UNIY STATE
		220.1 certify that (I) ((this haspital) attend	ed the deceased from 12 5 19 . Bady after death.		nd that in (my) tow) apinio		220 F	L, that (1) the clost om the causes stated DATE SIGNED LU3/ for
1	23a P	222 PHYSICIAN'S NA. ANDRO	ME (TYPE OR PRINT)		NAME OF C	22e ADDRESS	N. MAIN	1 57 13	ET AIR, MD

Burial

12/28/84

Mt. Zoar Cemetery

Cecil

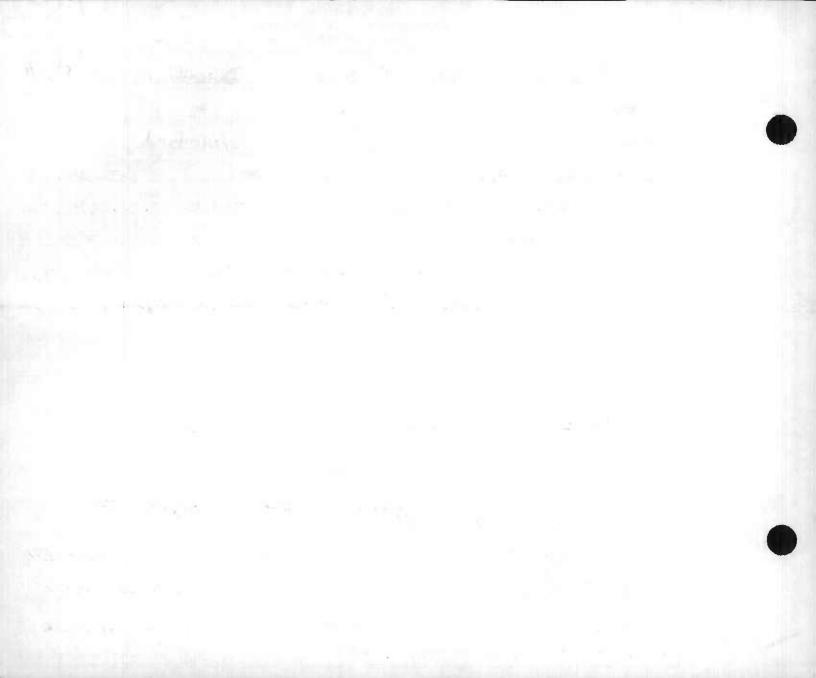
Md.

24 FUNERAL DIRECTOR

250. DATE REC'D. Arnold Beard 353 Fountain St. HavreDeGrace, Md.

Taller Cale Company of the Company o

1					STAT	E OF MARYLAND				
0	FOR STATE REGISTRAR			DEPA		ICATE OF DEATH	HYGIENE	S S REG. NO.	15	
	I. DECEASED NAM (TYPE OR PRINT)	George	Co	rthell	N	Ditchell		ember 1	3, 1984	8:46 PM
	3. SEX MALE	7	4. RACE WHIT	ΓE	S. DATE O	DAY YEAR	6. AGE (IN YEA	90 YRS.	IF UNDER 1 YEAR	HOURS MIN.
36	70. BIRTHPLACE (COUNTRY) MARYLAN		76. CITIZEN OF USA	WHAT COUNT	MARRIE WIDOWI	D MEVER MARRIED DIVORCED	9. BALTIMORE	arford	TY OF DEATH	MD.
6	HAVE de	GRACE	HAT!	FORL M		PROTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO (RET)	CUPATION DR MOST OF WORKING		BUSINESS OR
36	13a. STATE MD	E (# NURSING HOME OR 13b COUN HARFO	TY	136. CITY OR THE	FORE ADMISSION) OWN	13d INSIDE CITY LIMITS	1919 PL	DRESS / ZIP COI	DE P.O.BOX 36	64 2107
20	14 FATHER'S NAM FIRST GEORG	E !	MIDDLE LEWIS	LAST MITCHE		15. MOTHER'S MAIDEN FIRST MARY		MIDDLE	LAST BOW	IMAN
/	160 WAS DECEAS (YES, NO OR UNKN NO	ED EVER IN U.S. AR/	WED FORCES? E WAR OR DATES)	166. SOCIAL SI 218 40		MRS. LUCY MAF	RIE MITCHELL	ADDRESS	SAME AS	#13e
5	NO.	OPERATION				NOT RELATED TO THE T	20a AUTOP	SY? ZOB. IF Y	ES, WERE FINDING	F DEATH?
7		T WAS UNDERLYING TING CAUSE OF DEADINFY MEDICAL EXAMINER	HOUR A		DAY YEAR	21c. HOW INJURY OC		42.7	YES	ио 🗆
		OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	sow the	that (1) (this hospite deceased alive on (1) (we) (did) (did-	12/1	3	84.0	nd that in (my) (our) opin	nion death occurred	12/1.3	our and from the co	
	77b. SIGNAT	IAN'S NAME TYPE OF	mill	5		DEGREE ATTENDIN PHYSICIA 1220. ADDRESS	MEDICAL N DIRECTOR	STAFF PHYSICIAN [12/1	3/84
<i>T</i>	IAN	J. 50	THEY.			400 LEV.	is st.		DE 6A	ACE
	230. BURIAL, CREM (SPECIFY) BURI 24. FUNERAL DIRE		236. DATE		BAKERS C		ABERD	TOWN EEN, HARFOI		STATE
83		UNERAL HOME	PA HAVE	RE de GRAI	SF. MD.		DEC 1 74	001 Juli	STRAR'S SIGNATU	Rende 00



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

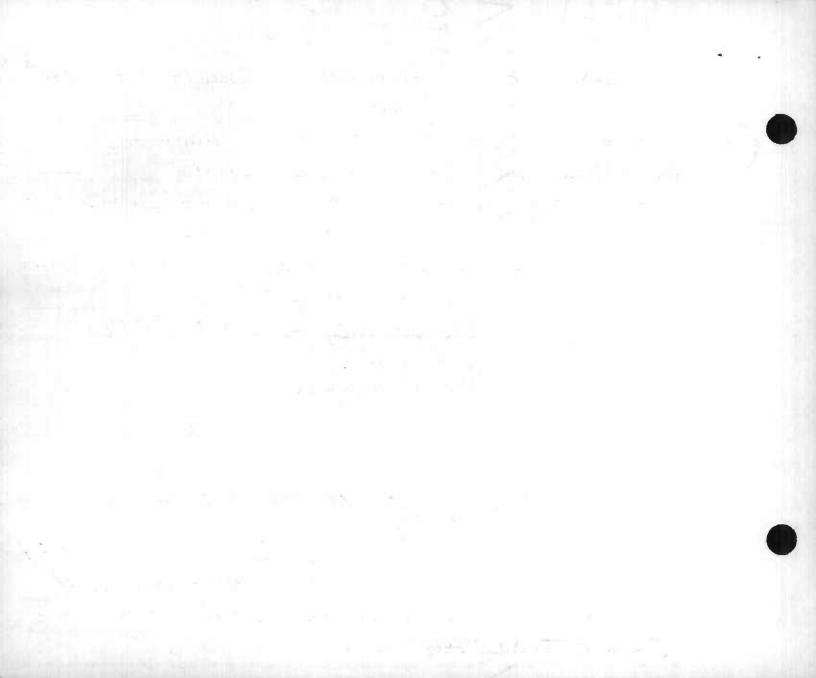
10. 9	101/2	3	a'	19
1	5	1	Ó	1
REG. NO.				-

П		REGISTRAR				CERTII	ICAIL OF DEATE		R	EG. NO.		9
1		CEASED NAME	FIRST	٨	AIDDLE	l	AST	2	. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	Sad	2	A.		Mari	rison		Der.	. 14.1	984	7:45 M
1	1. SE)			RACE	4.5	5. DATE C	OF BIRTH	9.	AGE (IN YEARS	LAST BIRTHDAY}	IF UNDER TYEA	
	1	Female		White	е	Apri			79	YR	MONTHS DAY	HOURS MIN.
L	7a. Bl	RTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIE	р 🗆 9.	BALTIMORE	ITY OR COU	OF DEATH	
1		aryland		U.S.	Α.	WIDOWE			\mathcal{H}	Ar for	d	MD.
1	10.CI	TY OR TOWN OF DEA	1		H FACILITY, GIVE STREET		A Hospita		USUAL OCC TYPE OF WORK FOR Housew	MOST OF WORKIN		OF BUSINESS OR
5	130.5	A RESIDENCE (IF NURSI aryland	Ceci	70.00	GIVE RESIDENCE BEFOR TOWN Perryvi	rN .	THE INSIDE CITY LIM		STREET ADD		ope nna Ave.	21903
1	7 14	THER'S NAME FORT	Jose	4	Linton		IS MOTHERS MAID	EN NAME		DOCE	Bro	AST
9	16s. V	VAS DECEASED EVER I			14h SOCIAL SECU	JRITY NO.	17. INFORMANT		-	ADDRESS		
1	1	NO DE UNENOWN	OF HEL GIVE W		220-05-8	3228	Mrs. Mae	Gall	oway	Perr	yville,	Maryland
	NOI	Conditions, if any, gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGN	ediate the last	DUE TO, OR	Resp	va Uh	lary of	E TERMINI	AL DISEASE OF	CONDITION	GIVEN IN PART	lio
4	CERTIFICATION	190 DATE OF OPERAT	ION	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		70s AUTOPSY VES NO	N CE	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH? NO []
	MEDICAL CER	21a, ACCIDENT WAS UNDO OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHIE NOT WHI AT WORK 22a. I certify that (1) sow the decayse obove, (1) (we) 10	AUSE OF DEATH AL EXAMINER) ED (this hospitol)	P./ 21e. PLACE C (AT HOME, STR	M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, I e deceased from _	11-	211 LOCATION STREET and that in (my) (our) o	Def.	., to	y or town	COUNTY	state ., that (I) (we) lost
	6	226. SIGNATU	we	Sh.	yus Yus	V	ATTENE PHYSIC	DING L	MEDICAL DIRECTOR DI	STAFF PHYSICIAN [12- 12-	esigned 14-84 USS
1	- (BURIAL, CREMATION, I SPECIFY) Buria II LA DIRECTOR	1.				emetery or crema Nottingham	Cem.	CSTA		eci ^{county} Ma	Whenda 00

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

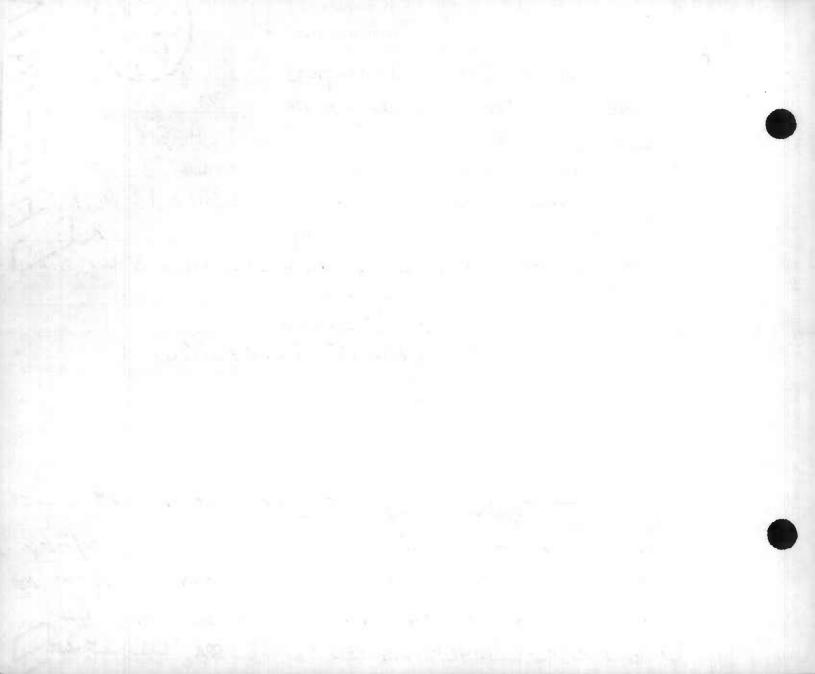
Treduction won, Terryville, Md.



1	1					STAT	OF MARYLAND				
2	1	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3 /	6 1	
		CEASED NAME	FIRST 3	ASPET	MIDDLE CHAP-IES		AST HEWMAN	20 DATE OF DEATH	MONTH DAY	YEAR 2b. I	HOUR
	(117	JA	Spe	V C	naries	16	lewman	Decemb	er 16,	1984 8	3 M
TO ST	3. SE	X	1	4. RACE		DATE		. AGE (IN YEARS LAST BIE	THDAY) # UN		JNDER 24 HRS
10.00		WALE		whit	_	FEBR		85	YRS.		URS MIN.
S Property of the same of the		IRTHPLACE (STATE ORF COUNTRY) GALAX	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIE: WIDOWE	D NEVER MARRIED DIVORCED D	Har Fo		un ty	MD.
by the first filed with filed with filed with filed with filed fil	14	ITY OR TOWN OF DEA	TH DID.		HEACILITY GIVE STREET		or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE)	NOUSTRY GEN	
24 hours	130	AL RESIDENCE (IF NURSI STATE	136 COUP	OTHER INSTITUTION		ADMISSION)		130 STREET ADDRESS	/ ZIP CODE	21014	+
S 5 5		ATHER'S NAME	*****	614 4001	124 .40.		15. MOTHER'S MAIDEN NA		TOURTHIN	0.66	
Complete ond 2)	AVEN		MIDDLE	HEWMAI	4	Virginia	MIDDLE		04420H	
ond ond medica		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	217-03-		Mrs. Elizabeth ?	38-3752 ADDR 131 3. NEWMAN B	7 North For	ryland 210	114
rithicote be 3 physicion onpopers. emovol.		IS CAUSE OF DEATH PART I. DEATH W	1 (Enter or AS CAUSE	nly one couse per D BY:	10 1	licul 6	2 20 10 10	ass.	+	APPROXIMATE BETWEEN ONSET	INTERVAL T AND DEATH
ev ev			IMMEDIA	TE CAUSE (o)	Cardis	pul	mon any	a contract	4		
e death ce e ottendin move corb notion, or troumotic		6 12 1		DUE TO, O	RAS A CONSEQUE	400	testino	Blende	4		
he death		Conditions, if ony,	rediote	(p)_			warner	1 - acar	0		
Se r		couse (a), stating underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF					
pled pled		PART 2 OTHER SIGN	LIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EAT Ĥ BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CON	DITION GIVEN I	N PART Ito:	
sign Then to bu	NO.	lova	nau	/	Theres	De.	earl				
been rmit. T	1 E	19a DATE OF OPERAT	ION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS	
- S - O - S - S - S - S - S - S - S - S	F				V			YES NO NO	YES [G CAUSES OF I	IO [
rySICIAN: The ding physicion is certificate h buriol-tronsit Mentol Hygies or frem 18 sho	CERTIFICATION	210. ACCIDENT WAS UND		110110 1	OF INJURY	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INSI	RY IN ITEM 18 PART I	OR PART 2)	
SICIAN: TI ng physici certificate rriol-transii entol Hygi ttem 18 sh		OR CONTRIBUTING C		210	M. MONTH DA	Y YEAR					
+ C E . m	MEDICAL	21d. INJURY OCCURE		21e. PLACE			211 LOCATION	CITY OR TO)WN	COUNTY	STATE
orked	2	WHILE NOT WH	ILE	IN HOME, ST	NECESTACIONT, OFFICE, F	NAME OF T					
A sole		22a-1 certify that (1)	-	~ /		121	16 19 84		1/2 19_	S.Y., that	(I) (we) lost
OR ATTEN or hospitol DIRECTOR oched for up Dept. of He		sow the decease above, (I) (we) (c	olive on	12//	after deoth.	, 01	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour on	d from the cous	es stoted
OR A bolkEd bept.		22b. SIGNATURE	2	10.	. /		DEGREE	de la constantina della consta		22c. DATE SIGN	NED CALL
£ 0		Lelle	un /	, yal	leng	1	C. D. ATTENDING PHYSICIAN	MEDICAL STA	CIAN	12-1	6-89
	1	22d. PHYSICIAN'S NA	ME (TYPE		F 7 14.	1	22e. ADDRESS		- 11 -	105	25
TO HOSPITAL etoined by the TO FUNERAL should be det with the State		101101	A),	GALU	tz, m		425 2. UN,	OU AV	- HA	-VRE	DE
5 5 5 2 3 ₹ ¶	23a.	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		VINITY	STATE
BP		BuriAl		DES: 18			DEMOTION GATELEUS	BEL Are Har			1014
DHMH - 16 50M 4/83	74 F	UNERAL DIRECTOR	m Fost		13 TOPA LONG		AMIR SEX	E REC'D, BY REGISTRAF	ZSB. REGISTRAR	'S SIGNATURE	
(VRA 15, 4)	5	marville.		pel i	Air Manylow	1 210	14 UHL: 1	81084	Soil	Donald	
								Jane			



						MAKILAND				
7	1	FOR - STATE REGISTRAR		DEPARTA	CERTIFICA	TH AND MENTAL HYE	IENE	3 3 REG. NO.	16	2
	1. DE	CEASED NAME FIRST		WIDDLE	LAST	-	20 DATE OF		DAY YEAR	2b. HOUR
96	(1117	Sara	th .	TUNP.	Nus	entrem		Dec.	16 1984	7:00 M
D is	3. SE		4. RACE	391112	5. DATE OF BI	A	6. AGE (IN YE	ARS TAST BIRTHDAY)	IF UNDER I YEA	
ors ofte		Female	Whi	te	Decemb	et 16, 1914	7	O YR		S HOURS MIN.
2 3/C	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	MARRIED (2)	NEVER MARRIED	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	
7/		reorgia	u,	5. A.	WIDOWED [DIVORCED		Harfor	2	MD.
1/	10.0	ITY OR WWN OF DEATH		F HOSPITAL, NURSIN UCH FAGILITY, GIVE STREET		THER INSTITUTION	TYPE OF WORK	CCUPATION FOR MORKIN	iG Life) INDUSTR'	OF BUSINESS OR
600	Ho	AL RESIDENCE (# NURSING HOME O	Hart		orial H	ospital	Home	maker		_
3	130	STATE 136 COL	tord	DN. GIVE RESIDENCE BEFORE	√ 13d.	INSIDE CITY LIMITS?	13 STREET AL	DDRESS / ZIP CO	Rd API	H/21N4
i.	14. F	ATHER'S NAME	MIDDLE	n LAST	15. /	MOTHER'S MAIDEN NA	ME		7	13/ -14/
\$20	0	EUGENE	MIODEE	BAUGU	5	HATU		WIDDLE	B	augus
0		WAS DECEASED EVER IN U.S. A	RMED FORCES			INFORMANT		ADDRESS		21014
medi		YES, NO OK ONKNOWN) (IF YES, G	IVE WAR OR DATES)	252-108-16	21 5	am Nusenfre	55 19555	sablewood	Rd-APTA	- BELAIRM
1		18 CAUSE OF DEATH (Enter of	only one couse p		Ic.i	`		7,000		OXIMATE INTERVAL N ONSET AND DEATH
ven		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)_		Sepe	ne				Calley
otice		avarted in		OR AS A CONSEQUE	NCLOF					100
trauma		Conditions, if ony, which	((b)	OK AS A CONSEQUE	reus	nonla				
		gove rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQUE	NØE OF	. 0	2 -	-1		
or ather		underlying couse lost.	(c)	2 Constant	wow	ie Ken	e ta	ilene		
njury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT	RELATED TO THE TERM	NINAL DISEASE	OR CONDITION	GIVEN IN PART	lio
oud hou	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATION W	AS PERFORMED	200_AUTOF		YES, WERE FIND RTIFYING CAUSE	
Shaws	TIE						YES 🗌	NO	YES [NO [
1 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY A.M. MONTH DA	Y YEAR 21c	HOW INJURY OCCUR	RED (ENTERNATO	IRE OF INJURY IN ITEM	18 PART I OR PART 2)	
Hen 4	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	All I	P.M.	19					
5	MEDICAL	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE, FA		LOCATION		CITY OR TOWN	COUNTY	STATE
	~	AT WORK NOT WHILE								
is marked		22a I certify that (I) (this has	19.11.11		10.		6_, to	12-16	1984	, that (I) (we) lost
-		sow the deceosed olive o obove, (1) (we) (did) (did n		ly ofter death.	89, and the	of in (my) (our) opinion	deoth occurred	on the dote and	hour and from th	e couses stoted
# fem		226. SAGNATURE	1_	1 0	DEGI					E SIGNED
<u>+</u>		Hardren 10	our	houses	1 m	ATTENDING PHYSICIAN &	MEDICAL	STAFF PHYSICIAN	13	2/17/04
Y 1		224 PHYSICIAN'S NAME (TYPE	OR PRIVIT)	11 11/1	22e	ADDRESS	. /			
IMPORTANT:		HNDKEN 1	VOWA	ROUSKI	mo	125	N. MI	AIN -	ST. BE	Z MIRMAD
_	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	10011		TERY OR CREMATORY	23d. LOCAT	ON Prown	/ county	O SYATE
-	24 5	runation UNERAL DIRECTOR	N. 17	1784 (1	atin 3d1	emis	WOSY C	hester (Mister, 1	EMASY/2011a
1/83	10.1	NAME NAME	0 1	ADDRESS	7	750. DAT	E REC'D. BY RE	GISTRAR 356. REC	INTRAR'S SIGNA	TURE /
	10	rring runeral Mome	F. H. A.	urder, Mp.	41001-33	399 UE	14019	34 Julian	Davidson-1	anatar ;



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	3	1	6	Í

	1 -	FOR STATE REGISTRAR			DE	PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3							
1		EASED NAME	FIRST		MIDDLE		TAST	20. DATE OF DEA		DAY YEAR	26 HOUR		
1	(TYPE	OR PRINT)	AMES	PA	trici	4 C	BRIEN ST	12-11-	.84	1/	120 M		
1	3. SEX	(4 RACE		5. DATE O		6. AGE (IN YEARS L	AST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
		ale		White			26,1919	65 YRS.					
1	7a. BIF	RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COL	INTRY?	D X NEVER MARRIED	9. BALTIMORE C	TY OR COUNT	Y OF DEATH			
/	Md		. =	USA	1000000	WIDOW	- Land		tord	ið	MD.		
1	F	allstox		Fallst	CHEACILITY, GIV	ESTREET ADDRESS)	1 Hospital	12a. USUAL OCCL	MOST OF WORKING L		BUSINESSOR		
	130 S	AL RESIDENCE (IF NUR STATE	13b COUN		13c. CITY C		134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	DE 3			
r.	Md		Harfo	ord	Edd	gewood	YES NO K		Cann Str	reet 210	40		
	14. FA	THER'S NAME FIRST	٨	AIDDLE		AST	15. MOTHER'S MAIDEN N	MID	DIE	£AST			
	Lec	VAS DECEASED EVER	O INTIL C ADA		rien	AL SECURITY NO.	Jane 17 INFORMANT		H. DDRESS	Holb	rook		
	(1	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)						BOX 334			
	yes		WW			05-0147	Mrs. Marlene	<i>Johnson</i>	Joppate		AAYE INITERVAL		
		18. CAUSE OF DEA' PART I. DEATH V	TH (Enter onf WAS CAUSED	y one couse per	line for (o)	(b), and (c).)	adennes Lo	ina	отррис	BETWEEN	MATE INTERVAL		
			IMMEDIATI	E CAUSE (0)	77.1.1	ain Stap	GUETTOCK ES	1110		1			
		Conditions, if ony		DUE TO, O	R AS A COT	SEQUENCE OF	ELMISSON.	Sup. Vene	naval	810	moths.		
		gove rise to im	mediate	(b)	-	r reastry							
		cause (a), stati underlying cause		DUE TO, O	R AS A CO	NSEQUENCE OF	ndrome.	COPD-Eng	phy sen	3C			
1		PART 2. OTHER SIG	NIFICANTO	107			NOT RELATED TO THE TER						
	NO												
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR	WHICH OPERATIO	DN WAS PERFORMED	20a AUTOPSY	IN CERTI	S, WERE FINDIN IFYING CAUSES (ES []	GS USED OF DEATH?		
)		21a. ACCIDENT WAS UN		21b. TIME C		TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE C	F INJURY IN ITEM 18	PART 1 OR PART 2)			
	CAL	OR CONTRIBUTING			M.	19							
	MEDICAL	21d INJURY OCCUR		21e. PLACE		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE		
	4	AT WORK NOT W	ORK										
		22a I certify that (I					29- 19 80	1 10 16	-//		hot (1) (we) lost		
		sow the deceo above, (I) (we)	sed olive on (did) (did not) view the body	after death	19_07.0	nd that in (my) (our) opinio	n death occurred on	the date and ha				
		226. SIGNATURE	20/	7			DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE S	IGNED		
Ц		72d, PHYSICIAN'S N	AME	NAME OF THE OWNER OWNER OF THE OWNER				DIRECTOR P		12-1	1-84.		
		13 D.		KHI	no			ORD RD.	FALLST	ON MD	21047		
		SURTAL, CREMATION	, REMOVAL	236 DATE		23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE		
		Burian		Pec.14,	1984	New Cat		Baltimo		Md	7.		
	24 FL	INERAL DIRECTOR			A. AE	DRESS		ATE REC'D. BY REGIS	TRAR 25h REGIS	TRAR'S SIGNATI	andell.		
	Le	conard J.	Ruck :	Inc. Ba.	LCIMOI	ce, Maryl	and	LO 1 0 100	H June	- Incompany			

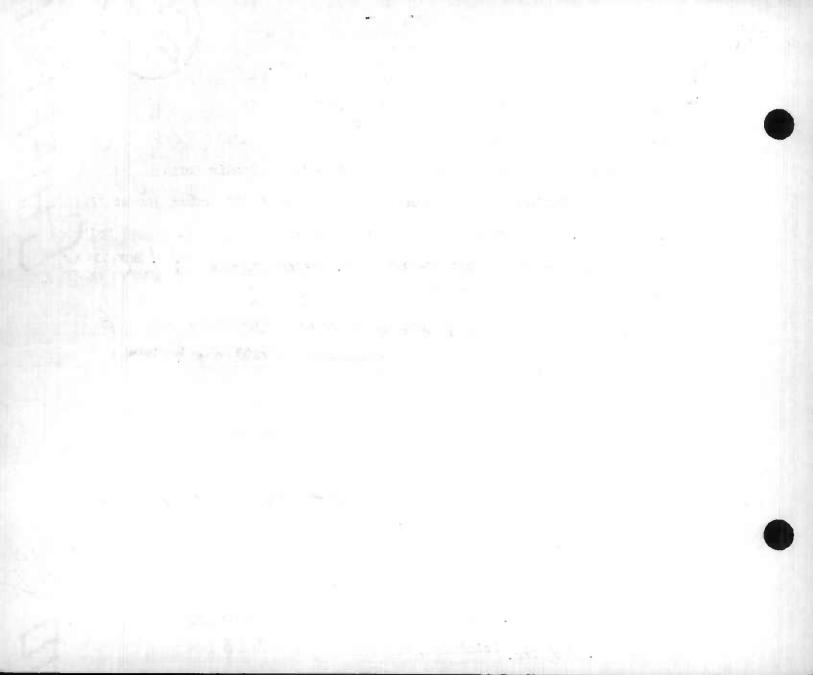
DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck Inc.

TO FUNERAL DIRECTOR: After

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbon papers:
with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the this certificate has been signed by he burial transit permit. Then please



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FOR STATE

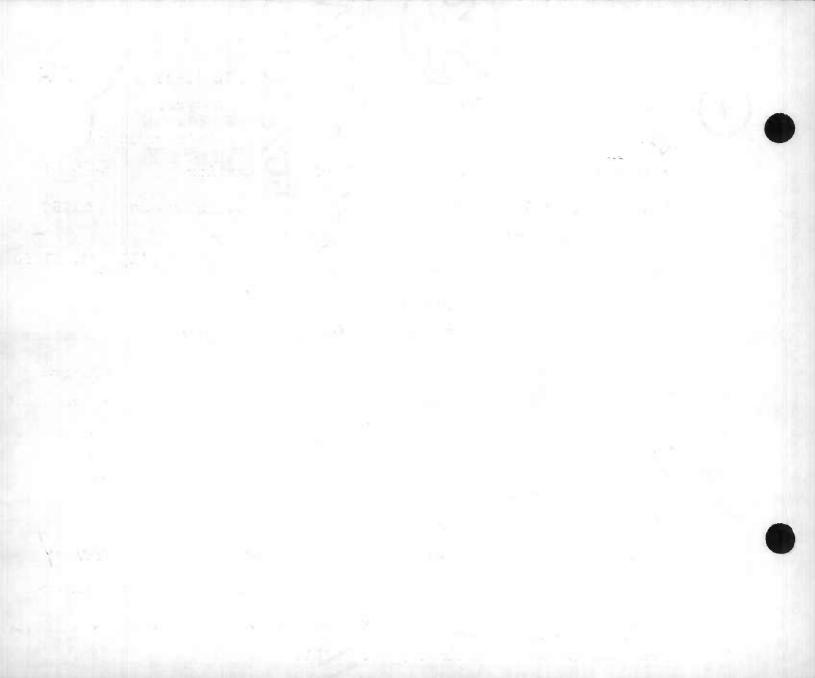
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* 4	though	j	1	
5	3	-	0	Co
REG. NO.	-			

	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. N	0.		•
	EASED NAME FIRST	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h. HOUR
	Linda	Ott	to		12-30-	84		33A M
3. SEX		4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) #F UND		IF UNDER 24 HRS
F	emale	Caucasian	6-2	8-46 YEAR	38 yr	S . YRS.	VAIS	HOURS MINE
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF D	EATH	
	a.	USA	WIDOWE		Harfor	d Count	y	MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF	BUSINESS OR
Fo	orest Hill	2509 Putr	ium Road	21050	Cashier	A MOKKING THE)	Bank	
13a: S	L RESIDENCE OF NURSING HOME O		OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
Mo	Ha:	rford Fore	est Hill	YES NO X	2509 Putn		21	050
14.FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST	
Da	allas Montgo			Margaret	Hodge		(ASI	
16a W	AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRI		MA	21050
no		218-	46-2770	Gary Otto	2569 Pu	Enum Ro	Md.	21050
	II. CAUSE OF DEATH LEnter o	nly one cause per line tor to	the And (to)	/ /	L		RETWEEN ON	ATE INTERVAL GALL AND DEATH
ш	PART I. DEATH WAS CAUSE	TE CAUSE (a) / E	rdiore Di	roton Arri	est			
1 1	MMEDIA		1 //	X	7			
1 1		DUE TO, OR AS A GO	USEQUENCE OF	0,160, 1	Lucinon (i			
	Conditions, if any, which gove rise to immediate	(ti) / / Y	Dancell C	Corpray C	CHECKIGHT			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF					
	orderlying coose lost	(c)						
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART IIo	
CERTIFICATION								
N N	19a DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY2	10b. IF YES, WER	CAUSES O	GS USED OF DEATH?
J∄					YES NO	YES [NO 🗌
Ü	210. ACCIDENT WAS UNDERLYING	110. 10112 01 11130111	TH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1 O	RPART 2)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIR	19					
ğ	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR 10	nadh) (i)	OUNTY	STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORS	r, OFFICE, FARM, ETC.)	STREET	CIIYOWIC	WN	301411	STATE
	220 I certify that (I) (this hosp	ital) attended the deceased	d from		, to	. 19	, th	at (I) (we) lost
	sow the deceased olive or	at) view the body after dea	م. او الم	nd that in (my) (our) opinion	death occurred on the d	ate and hour and	from the co	ouses stoted
1	27h SALNATURE	or view the body differ deg		DEGREE		17	20 DATE S	IGNED /
	~ Miller	XIIII	1.1	ATTENDING	MEDICAL STA		12-31	-94
1	2 I HYSICIAN'S NAME (TYPE	OR PRINT)	001	22e ADDRESS	DIRECTOR THISK	IAIT L		
	Dr. Grumb	ine		Greater E	Baltimore	Medica]	. Cer	ter
	URIAL, CREMATION, REMOVA	23b. DATE	23t NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	irial	1-2-85	Bel Ai	r Mem. Gard	dens Bel	Air, M	id.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4) Programme Funeral Home, Inc. 9705 Belair Road, Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH & REGISTRAR 1. DECEASED NAME LAST 28. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) Catherine Peace 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX ctor, MONTH 12 26 94 Black Female 78. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Harford WIDOWED DIVORCED [USA Md NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 436 Oak St. Aberdeen Retired BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 9 Harford Aberdeen Md. YES TO NO 436 Oak St 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDDLE Liddy Jackson Edward Gowan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Pages puo IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-9479 Viola Bennett same as above No physician APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF offe Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ardiovascular disease 301 0 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.a PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? Ď IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram DIRECTOR: saw the deceased alive on. and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the body after death. should be detached 22b. SIGNATURE DEGREE 22c DATE SIGNED * ATTENDING MEDICAL STAFF PHYSICIAN -DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OKPRINT) 22e ADDRESS Havre De Grace Md210% 0 0 23a BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 12-27-84 Berkley Burial Darlington Harford 24. FUNERAL DIRECTOR HDG. Md. 25a. DATE REC'D. DHMH-16 60M 1/73 (VR A 15 (4)) 353 Fountain St. Arnold W. Beard

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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE

REGISTRAR

INDUSTRY Yowas APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO \square 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (aux) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED DEL AIR, MO 250. DATE RE STRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

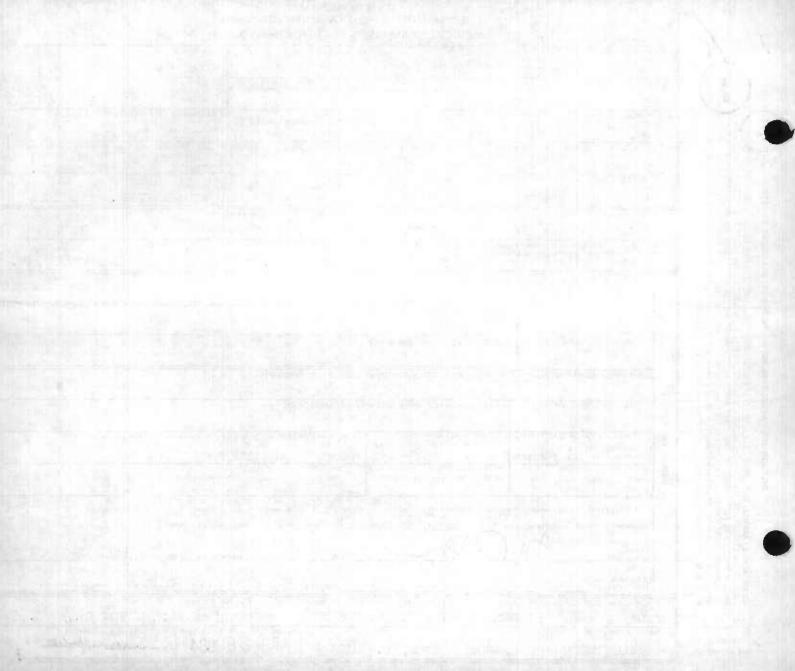
CERTIFICATE OF DEATH

DAY

IF UNDER 1 YEAR

2b. HOUR

12h. WIND OF BUSINESS OR



20 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) OECEMBER 29, 1984 ROBERT **ELLSWORTH** SASSAMAN 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR DECEMBER 2, 1920 MALE WHITE 78. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA HARFORO COUNTY WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAVRE de GRACE 606 CONGRESS AVENUE (RET)FIELO PRINTINTING USUAL RESIDENCE OF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 606 CONGRESS AVENUE HARFORO HAVRE de GRACE MO NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE MFRRITI ALLEN SASSAMAN RUTH ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES WW II 215 18 9407 GORDON M. SASSAMAN 326 GRACEFORO OR. ABEROEEN, MO 21078 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 106 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? NOIX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOTEY MEDICAL EXAMINER) P.M. 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from. saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (Ji/we) (did) (did not) view the body after death 27h SIGNATUR DEGREE ATTENDING DIRECTOR PHYSICIAN **PHYSICIAN** MPORTANT 224 PHYSICIAN'S NAME CONCORPORT 22e ADDRESS should b 319 S. Union Ave., Havre de Grace, Md Jean T. Lee. M.D. 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE ABEROEEN, HARFORO CO., MARYLAND BURIAL

310FCEMBER84

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER I YEAR

GARR

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

2b. HOUR

12h KIND OF BUSINESS OR

FED GOVT (APG)

21078

IF UNDER 24 HR

NO [

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

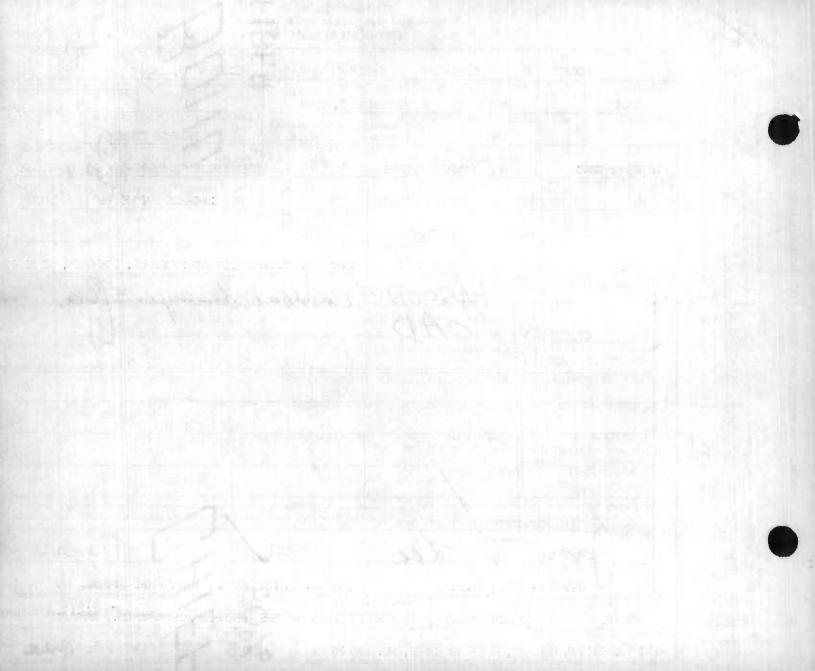
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

HARFORD MEMORIAL GAROENS

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE wie Devices

22c. DATE SIGNED

12-31-84



DHMH - 16 50M 4/83

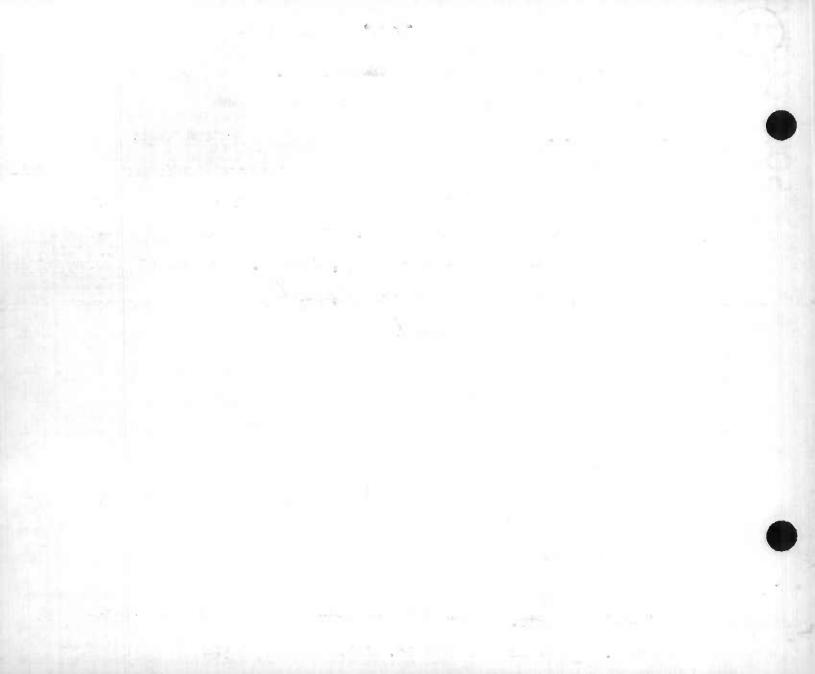
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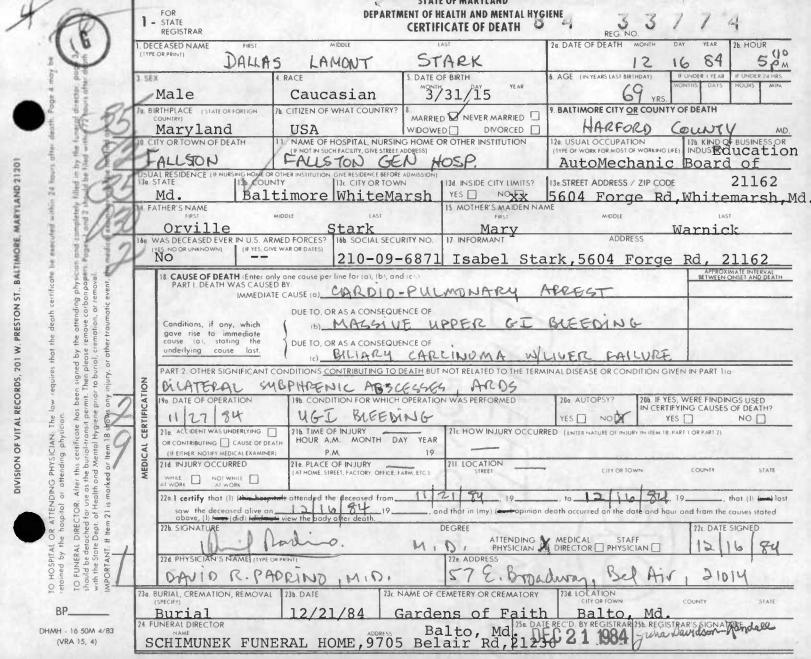
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 /	7	2	
1	1. DECEASED NAME FIRST	MIDDLE	· l	AST		MONTH DA	AY YEAR	2h. HOUR	A
	Robert	William	Sc	haeffer, Jr.	/	2. 01	84	8:58	W
ı	3. SEX	4. RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24	-
1	MALE	White	MONTH 9	2 38	46	YRS.	ONTHS DAYS	HOURS A	MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O				
	Glen Falls, N.Y.	USA	WIDOWE	D DIVORCED	Harford				MD.
	Fallston	11. NAME OF HOSPITAL, NURSII UE NOT IN SUCH FACILITY, GIVE STREET FAILS TO GO	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Stomer Coor	F WORKING LIFE)	-	ier Ma	6		
7	USUAL RESIDENCE (IF NURSING MOME OF 130, STATE 13b, COU) Md. Harf	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV	RE ADMISSION)	134 INSIDE CITY LIMITS?	302 Greenw	ZIP CODE	21014		
1	Robert Wil	liam Schaeff	fer, S	15. MOTHER'S MAIDEN NA/ FIRST Grace	Mary		Pagl	iara	
,	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECTIVE WAR OR DATES!	URITY NO.	17. INFORMANT	ADDRE	SS	Md. 2	1014	
	no [IF 485, GR	107-28-C	0770	Mrs. Sharon	J.Schaeffer	, 302			lAir
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	IENCE OF	O. NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 310)°	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		,
1		ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)		
	GREGATINED THE CAUSE OF DE- MAILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	(ITY OF TO	wn	COUNTY	SIAT	īE 3
	220.1 certify that (1) (this haspensow the deceased alive on	at) view the body ofter death.	9-11	nd that in (my) (our) apinion o	death occurred on the de	ote and hour		that (1) (we)	
	226 SIGNATURE SOLUTION SICIAN'S NAME (1986)	Panhore	bl	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	DIRECTOR PHYSIC		22c. DATE	SIGNED	
		23b. DATE 23c Dec. 29, 1984 Hic		Memorial Gard	dens, Falls	ton h	arford		1E
	14 FUNERAL DIRECTOR HOWARD K. McComas	TTT Abindon	Md 2	1009 25e. DAT	2 7 1984		AR'S SIGNATI		
	provided it. Products	, LLL, PULLIGUOII,	Late 2	TOO	4 1 304 /				

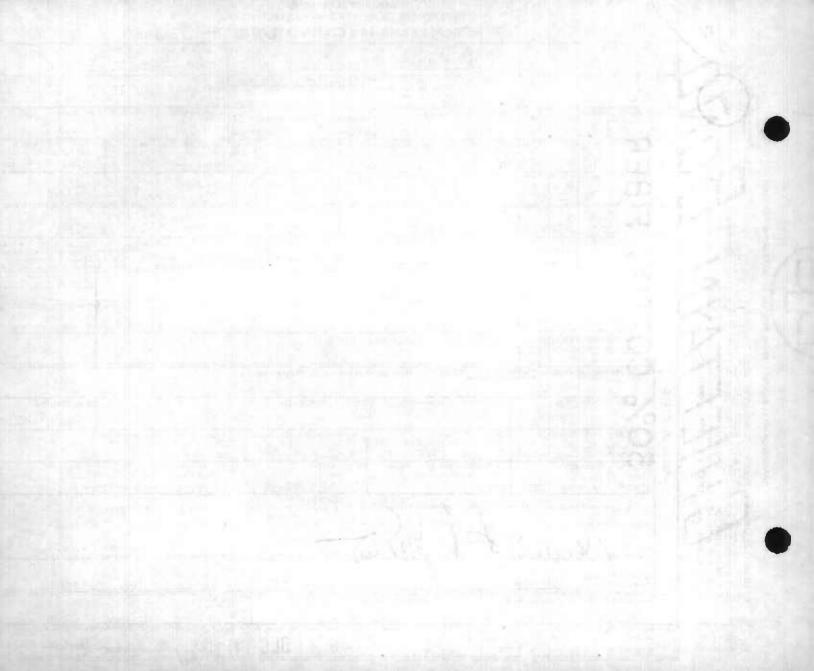




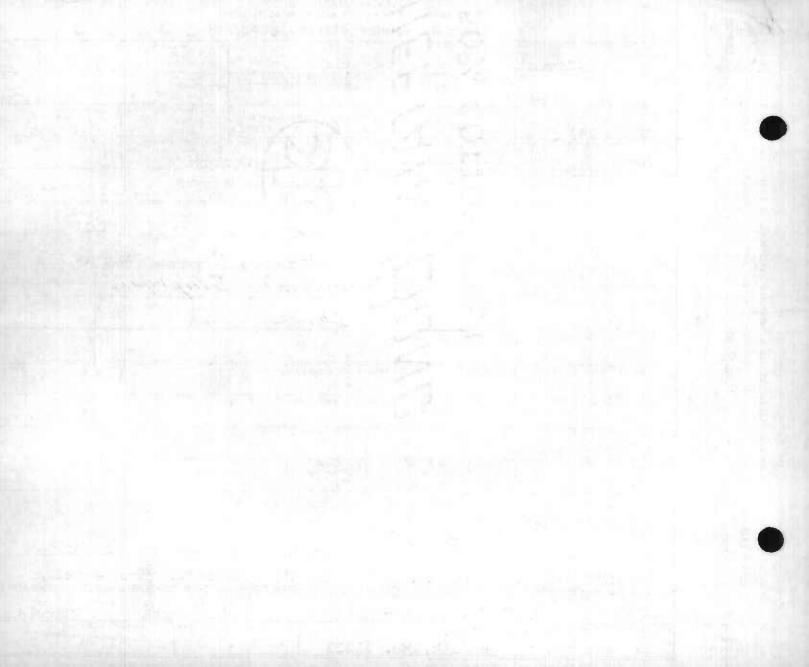


resident challes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REO NO REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Adelaide 19 84 Mary Steinbach DEATH MATED 5 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS DAY YEAR IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 84 White Female Oct. 29,1921 DEAD 63 76. CITIZEN OF WHAT COUNTRY? TO RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH AM MARRIED T NEVER MARRIED FOREIGN COUNTRY! Harford Co., Md. WIDOWED [DIVORCED Harford County 8. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF VITAL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Pond/ 810 Old Joppa Road Joppa Secretary US-govt. Ret USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Harford 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 808 Old Joppa Road Joppa NOX 21085 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Watkins Rozier Lewis Steimbach **Edna** May 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? IT. INFORMANT 16b. SOCIAL SECURITY NO Baltimore, Md. 2123 (YES, NO. OR UNKNOWN) LUF YES GIVE WAR OR DATES! Rozier L. Steinbach, III, 8816 Trimble Way 212-22-0476 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURRAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a. DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE STATUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PROGE A SHOULD BE FORWARDED TO THE CHIEF! TO FUNREAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURBIAL. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 12/5 XX. 1984 found in pond 21e PLACE OF INJURY JATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE pond 810 Old Joppa Rd HarfordCounty. Joppa. 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection XX and in my opinion SuicideXX death resulted from Natural causes Homicide Undetermined monner LITTLE (SPECIFY) 12/6/84 MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Dennis Smyth MD 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 07/B4 24 FUNERAL DIRECTO 8,1984 Mountain Christian Cameter XIII JOPPE RECTARGED ATURNED. 25M DHMH - 17 wha Davidson-Randall (VR A15 ME (5)) Howard K. McComas III, Abingdon, Md. 21009



- 1		FOR					MARYLAND	HAMIENIE				
	1-	STATE REGISTRAR					HAND MENTAL		1913 61	G. NO.	/ 6	
1		CEASED NAME	FIRST		MIDDLE	MINTER 3	LAST		DATE KNOV		-	ZI HOU
1		E OR PRINT)	Elizabe	+h	Marri	C+	itley		OF EST DEATH MATE	l		1000
3	3. SEX	14. R		S. DATE OF BIRTH	Mary IA. AGE	(IN YEARS IF UI		ER 24 HRS. 26		12-	-9 19 8Z	230 R 2d. HOL
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- I	USUA 13a. S'	L RESIDENCE (IF IN	1136 COUNTY	OTHER INSTITUTION, G	INE RESIDENCE BEFORE A	DMISSION)	113d. INSIDE CITY (IMITS)	113e STREE	T ADDRESS			
L		MD	The same of	ford	Joppa		13d. INSIDE CITY LIMITS	x 10	05 Pine	Rd. Lo	t #5 2	1085
Ī	14 FA	THER'S NAME	11012	WIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
1		lay		M	ullins				J.		Hall	
T	16a. W	AS DECEASED EV	ER IN U.S. ARME	ED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	e	ADI	DRESS		
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	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATION W	AS PERFORMED?				20 AUTOPS	Y?
	IFIC	17									YES 🗆	
1	ERT	21a. EXTERNAL CA		216 TIME O		21c. H	OW INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN I	TEM 18 PART 1 OR P		NO [
4	ALC	UNDERLYING CONTRIBUTING	OR DE DE DE	HOUR A.M	MONTH DAY	YEAR						
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		22a. I certify the			scribed abave, held	an Autap	sy . Inspect	tion Ly,	Inquiry,	and in my a	pinian	
		death resulted fro	om: Natura	causes 🚉	Accident,	Suicide	, Hamicide	Undeterr	mined manner	□.		
		ACTUAL	100	n	ny		TITLE (SPECIFY)					
7		SIGNATURE			- /	M	D. Deputy	MEDIC	AL EXAMINER	DATE	ED 12-9	-84
4	= -	EXAMINER'S NAM (TYPE OR PRINT)	Luis H	E. Renje	1, M.D.		ADDRESS 464	Allian	ce St.	Havre D	e Grace	,MD
1	23a. Bl	IRIAL CREMATION		DATE	23c. NAME O	F CEMETERY O	R CREMATORY	23d. LOC.	ATION			
]	Bu.	rial	1:	2/12/84	Ho11	y Hill			ce Mar	cou ch		ylan
	24. FL	INERAL DIRECTOR			C.	,	25a. DAT	E REC'D. BY RI			The state of the s	
		22 Wise			lalk, MD	2122	2 DE	6111	984	س سدلالاته	SIGNATURE	-
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1 8	E SE SE	3. SEX		5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDER	MIN PRONOUNCED	/3	A 2 PI	2d HOUR
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	公正な品質		TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPATION FOR MOST OF WORKING LIFT		0R INDUSTR	
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WD	T SOUTH	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID!			LAST	
8	A SE SE	1	Joseph	HARRY	STRAWDERMAN		?			?	
IMO	STAN STAN	16s V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURIT		17. INFORMANT	ADD	DRESS		
17	E SE		YES WW	II	232-26-	330	IVAN STRAW	DERMAN, JR. 478	EASTERN	CT. ABERDE	EN, MD
3	WIRS WIT.	30	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly one cause per line	far (a), (b), and (c).)		11 . 1	~		APPROXIMATE BETWEEN ONSET	
PRESTON ST	24 HO ITEM I ICONG PERM GIENE			ATE CAUSE (a)	CORONK	724	Heart	DISEALE			
STC	ITHIN 24 I CIL IN ITE VER ALON ANSIT PER AL HYGIE REMOVA	1			AS A CONSEQUENCE					distribution	
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RECORDS	BE EXECUTED VDING" IN 18 EDICAL EXA BURIAL LITH AND WEEMATION,		PART 2 DINER SIGNIFICANT CONDITIO	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	MINAL DISEASE	DR CONDITION GIVEN IN PA	RT 1 (a)			
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			4	STATE	OF MARYLAND				
FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HY	GIENE	45.2 2004		16
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saw the deceased abave, (1) (we) (did)	(did not)	view the body	ofter death.	, on	id that in (my) (our) opin/a	n death accurred or	the date and h	aur and fram the	causes stated
226. SIGNATURE		, /		/ 1	DEGREE			22c DAT	SIGNED
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	1				PHYSICIAN/	DIRECTOR	PHYSICIAN	1 /	10/-/

80 MPORTANT:

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

COUNTRY) York, Pa.

Maryland 14 FATHER'S NAME Edward

BIRTHPLACE ISTATE OR FOREIGN

IN CITY OR TOWN OF DEATH

(YES, NO OR UNKNOWN)

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

224 PHYSICIAN'S NAME (TYPE OR PRINT

3. SEX

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION Union Chapel U.M. Cemetery.

Joppa

COUNTY Harford STATE

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

23b. DATE

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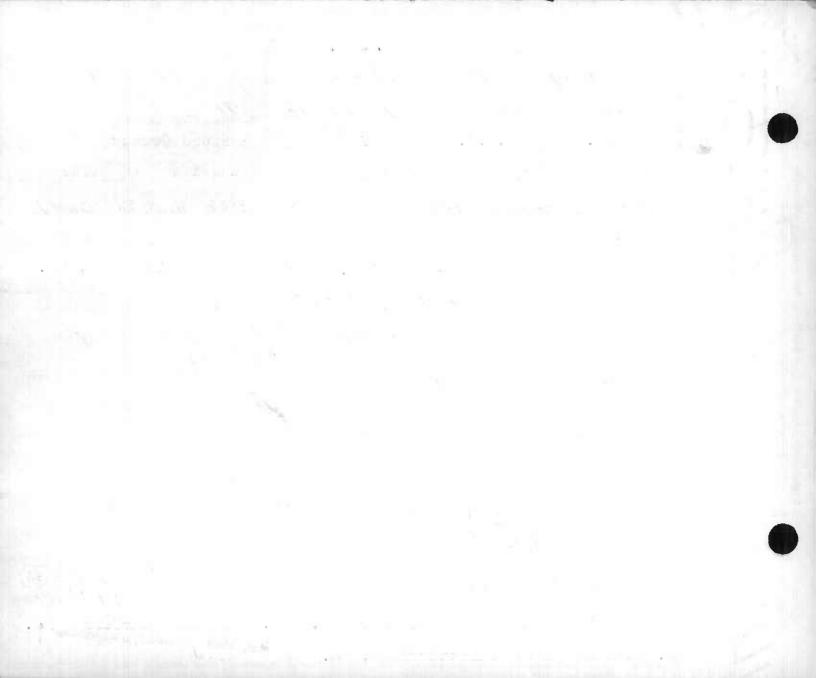
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DAY DECEASED NAME EIRST MONTH 2b. HOUR TYPE OR PRINTI 12-84 nomoson ARAH 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 13 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA DIVORCED A WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Retired 130. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 420 N. Stokes St. 21078 HavreDeGrace Harford Md. YES P NO F 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Henry FIRST MIDDLE Milburn Glassco Lena George ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 455 Battery Drive HDG.Md. 212-14-0651 Alvina Glover APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO. Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost. CONDITIONS O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 9a DATE OF OPERATION 20h. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body alter death DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRES 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) HavreDeGrace Harford Md. St. James Cemetery Burial

DHMH - 16 50M 4/83 (VRA 15, 4) Arnold Beard 353 Fountain StressHavreDeGracad.

250 DATE RECID. BY REGISTRAR'S SIGNAPORT

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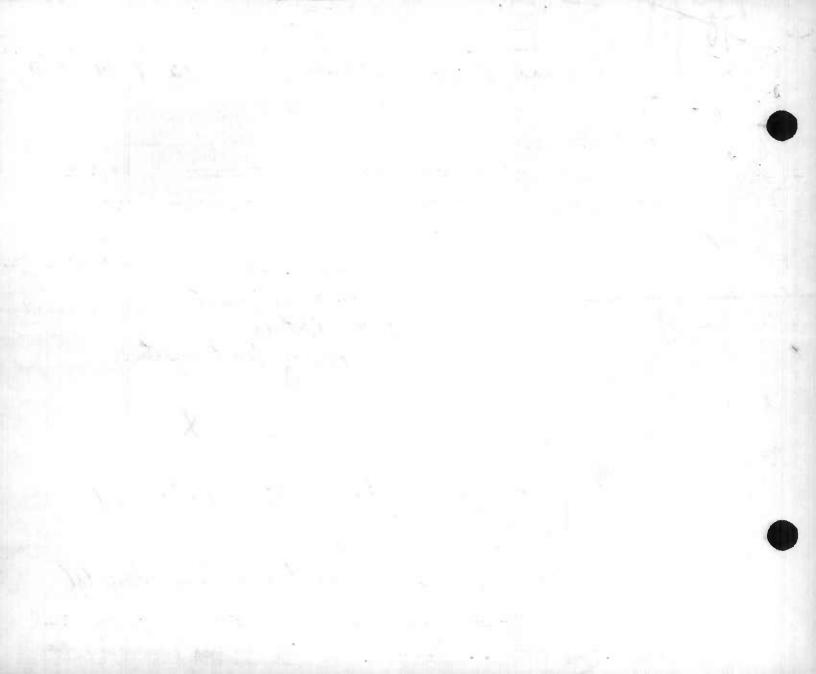
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 12-24-84 Margare the 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH FEMALE WhitE MAy 9, 1893 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED GETMANY GELWHAN DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Yozal Instructor a//stox (21047) Fallston General OPERA & CONCERT UAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
THE STATE

113h COLINTY 13. STREET ADDRESS / ZIP CODE STREET maryland Harford Co. BEI Air (21014) YES A NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME AND DIE CAN KREMET GAAD FINAPHOL 17 INFORMANC SANSHET 1838 - 4830 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 215 Richardson Street (YES, NO OR UNKNOWN) I LIF YES GIVE WAR OR DATES) 230-32-3681 MOSFIEUTY LEPPINCOTT NO BEI Air, maryland 21014 18 CAUSE OF DEATH (Enter only one cause pay line to Lat. this and sex) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN DUE TO, OR AS A CONSEQUES Canditions, if any, which gove rise to immediate couse (o), stoting the CONNECTION CE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 19a. DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [NO [210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21E HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e. PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from sow the deceosed of on obove, (1) wer (1) did cod not and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING Y MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (JYPE OR PRINT) MPORTAL should b 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Cremation DEC 26, 1984 Cratin & FERS Crematory WEST CHESTER, DEDUSTUANIA 19380 21 FUNERAL DIRECTOR TOSTET SO W. Broadway & Williams Str DHMH - 16 50M 4/83 mylwillian Tritte

Bel fir Marylan 21014

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11		ryland ATHER'S NAME	Harf	ord Bel	Air	YES NO	105 Colon	y 21014
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR

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